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the Degree of Master of Science in Social Service

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## CHAPTER I.

### INTRODUCTION

#### a. Purpose of thesis

This thesis will be a study of 167 cases which came to the attention of the Family Service Association of Salem, Massachusetts from January 1, 1945 to December 31, 1945. The purpose of the thesis will be to determine the function of the agency in relation to the needs of the community, its scope within the community, and the way in which other community agencies utilize the services it offers. It is hoped that through this study there will be gleaned a picture of the cooperative relationship with other social agencies in the treatment of these 167 cases, and the way in which social resources are utilized to meet the needs which present themselves in the case problems studied. It is to be expected in addition, that from this study, some recognition will be made of the social needs with special discussion on certain psychiatric needs of Salem, shown by analysis of the cases studies at the Family Service Association, which were not treated because of lack of adequate resources to meet the problems which prevailed during the year 1945.

#### b. Scope of study

The Family Service Association is a small private organization organized on December 22, 1891 under the name of the Associated Charities. Its work has been carried on under the name of the Family Welfare Society, a name which it later adopted, and still more recently under the name of Family Service Association which it adopted in 1939 because of the confusion of the word "welfare" with the public agencies. It is a member of

## CHAPTER I.

### INTRODUCTION

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the Family Service Association of America and its main objective may perhaps best be described as an attempt toward "the strengthening of family life and the helping of families and individuals in developing both the capacity and opportunity to lead personally satisfying and socially useful lives." <sup>1</sup>

This organization is operated for the benefit of individual and community needs in Salem, Massachusetts and the cases used for evidence in this thesis were taken from the files because they were active during the year 1945. The year 1945 was arbitrarily selected as the most expedient year from which to study cases because it is the most recent for which conclusive figures are available. In addition, the study will appear to be more purposeful if it is approached by analysis of the most current problems, and studied in the light of prevailing needs which were met or not met according to present available resources in the community.

#### c. Method of Procedure

Cases were analyzed by use of a schedule to facilitate observation and classification of significant data. Some of the data was readily available from the annual statistics of the agency and the rest was obtained through perusal of the case records from the files.

The 167 families were classified into two groups, active cases and short service cases. Active cases require prolonged treatment, and may be active over a number of months or years. Short Service cases are those which require only temporary or emergency treatment, and the case is

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<sup>1</sup> Earl N. Parker, "Family Social Work," Social Work Year Book. 1945, p. 151.



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closed following the completion of the service required. In the active group, which was composed of 52 families, there are two classifications, those under direct care, and those not under direct care. To define these terms, "under direct care" means that the case is an active one with the Family Service Association and the client is receiving aid or case work services or both directly from the Family Service Association. Those "not under direct care" are active cases with the Family Service Association, but treatment is being carried on in cooperation with some other public or private agency. For instance, a family may be known to the Family Service Association for case work services, at the same time receiving aid from the Board of Public Welfare, or some other agency, and such a case would be classified as "not under direct care".

From the study of these cases and compiling of data, certain significant conclusions may be drawn. For purposes of more intensive, specific study, certain cases will be selected from the group which show a need of specialized psychiatric study, and examined with their special needs in mind.

#### d. Value of the study and limitations

It is hoped that this study will be a determining basis upon which may be gained a picture of case work problems which present themselves during the course of a year in a city of 41,213, and how these problems are an expression of social needs within the community. It should further clarify what organized social action is put into operation through the medium of one social agency within the community to carry on the case work treatment. The study will also serve to point out strengths and adequacies in community agencies and in contrast will also illustrate weak-

closed following the completion of the service required. In the active group, which was composed of 25 families, there are two classifications, those under direct care, and those not under direct care. To define these terms, "under direct care" means that the case is an active one with the Family Service Association and the client is receiving aid or case work services or both directly from the Family Service Association. Those "not under direct care" are active cases with the Family Service Association, but treatment is being carried on in cooperation with some other public or private agency. For instance, a family may be known to the Family Service Association for case work services, at the same time receiving aid from the Board of Public Welfare, or some other agency, and such a case would be classified as "not under direct care".

From the study of these cases and compiling of data, certain significant conclusions may be drawn. For purposes of more intensive, specific study, certain cases will be selected from the group which show a need of specialized psychiatric study, and examined with their special needs in mind.

#### 4. Value of the study and limitations

It is hoped that this study will be a determining basis upon which may be gained a picture of case work problems which present themselves during the course of a year in a city of 11,513, and how these problems are an expression of social needs within the community. It should further clarify what organized social action is put into operation through the medium of one special agency within the community to carry on the case work treatment. The study will also serve to point out strengths and weaknesses in community agencies and in contrast will also illustrate weak-



nesses and lack of certain resources or need for more extensive resources in certain fields.

There are certain limitations imposed by this study. One factor to be taken into consideration is that conclusions made in this thesis will necessarily be confined to include only those cases which have been studied from the records of one social agency in the community. All possible attempts will be made to keep the following chapters of discussion of the subject as objective as possible. It should also be mentioned that this thesis is intended to be an evaluation of conditions which are found to prevail, and not a critical treatment to deal specifically with unmet needs within the scope of the community studied.

One of the early pioneers in the field of organized social work was Josephine Eliza Lowell who decided to devote her life to public service after the death of her young husband and her brother in the Civil War. She worked in some radically progressive movements, such as the National Consumer's League under Florence Kelley, and the need for state institutions for the reformation of women. In her work she always emphasized her belief of the need for discriminating individualized case work.<sup>1</sup>

The theory of most of the early private societies for social service was that after thorough investigation and consultation the society would obtain relief when necessary from appropriate sources, such as relatives, churches, or other bodies with which persons in need were in any way already affiliated. Failing any such personal resource, relief could then be given from the suitable voluntary relief agency or a public relief fund.

<sup>1</sup> Edward T. Devine, *Early Social Work in America*, p. 24

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## CHAPTER II

### HISTORY OF THE AGENCY

Although there were social settlements and agencies for family welfare before 1890, their increase in both number and influence did not take place in a marked degree until the old issues of the Civil War and reconstruction had disappeared, giving place to the newer problems of urbanization, immigration and new inventions. During this expanding period measures for improved housing, public health, child labor laws, anti-saloon movements and the general improvement of living and working conditions manifested themselves.

One of the early pioneers in the field of organized social work was Josephine Shaw Lowell who decided to devote her life to public service after the death of her young husband and her brother in the Civil War. She worked in some radically progressive movements, such as the National Consumer's League under Florence Kelley, and the need for state institutions for the reformation of women. In her work she always emphasized her belief of the need for discriminating individualized case work.<sup>1</sup>

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already affiliated. Failing any such personal resources, relief would then

be given from the salaried voluntary relief agency or a public relief

fund.

<sup>1</sup> Edward T. Devine, *Urban Social Work*, New York, p. 25.



To meet the new problems to be faced during this expanding period, we can trace the origin and growth of many organizations that will still be found to operate today. Some of them were Charity Organization Societies, some called themselves the Association for Improvement of the Conditions of the Poor, and still others formed what they called an Associated Charities.<sup>2</sup> This chapter will show the development of one of these societies, which was typical of the times, and show how it originated in response to a certain need in its community and how it met the problems which presented themselves.

At the annual meeting of the Salem City Relief Committee, on October 13, 1891, it was suggested that some efforts be made toward adopting in Salem the methods of the Associated Charities which had proved successful in Boston. A committee was then appointed to investigate the advisability of such a course. This committee, after consultation with representatives of various charitable organizations of Salem, invited Mr. Robert Treat Paine, the President of the Associated Charities of Boston, to address the people of Salem upon the work of that organization. Mr. Paine addressed a large audience in Salem on Saturday afternoon, December 12, 1891.

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charities should be introduced, and that "our own city should not be behind other places in adopting the better systems of almsgiving."<sup>3</sup>

The objects of the new organization followed those previously adopted in Boston and other cities and were cited at the meeting as follows:

Under the above call (the invitation to the meeting) and in pursuance with it, we the persons here assembled hereby associate ourselves in and form an organization to be known as the Associated Charities of Salem. The objects of the Society are: (1) To secure the harmonious action, and cooperation of the different charities of Salem, (2) To encourage thrift, self-dependence and industry through friendly intercourse and advice, and to aid the poor to help themselves, (3) To provide that the case of every applicant for aid shall be thoroughly investigated, (4) To place the results of such investigation at the disposal of the Overseers of the Poor, of charitable societies, and of benevolent individuals, (5) To obtain employment for deserving applicants, (6) To make relief conditional upon good conduct and progress, (7) To send to poor families a friendly visitor under the advice of a ward conference.<sup>4</sup>

On January 2, 1892, the Council for the Associated Charities met at the rooms to act upon the proposed Constitution and By-laws. The Constitution contained the following articles, which were unanimously adopted:

(1) It has for its object, to secure the harmonious action and cooperation of the different charities of Salem, (2) To raise the poor above the need of relief, prevent begging and imposture, and diminish pauperism, (3) To encourage thrift, self-dependence and industry, through friendly advice and sympathy, and to aid the poor to help themselves rather than to help them by alms, (4) To investigate thoroughly the case of every applicant for aid, and to place such investigation at the disposal of the

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3 Associated Charities of Salem, First Annual Report, 1892.

4 Ibid



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Overseers of the Poor, all charitable agencies, and benevolent individuals, (5) To obtain employment for the unemployed when it is possible, and to make all relief conditional on good conduct and progress, (6) To send to each poor family a friendly visitor who shall study its capabilities as well as its needs, (7) Visitors shall not use their positions for any purpose of proselyting. The Associated Charities knows no distinction of sex, color or religion. Humanity is the bond. Its aims are common to all of every creed or race. <sup>5</sup>

It would not be complete to give a history of the agency under study without making mention of the unstinting efforts of those people who served it and worked earnestly for the principles in which they believed. In going over all of the annual reports and minutes of the meetings, the interest and concern of those who took part in the agency could be read between every line. It is true that sometimes they were striving for they knew not what. Their methods in the beginning were not always sure and infallible, but their goal was ever in front of them, and they moved slowly but surely toward it without wavering or losing their interest. The words of Eleanor Neustaedter would surely apply to the people whose work is recorded from time to time of the first documents of this agency.

I have been impressed primarily with the people who have made this family welfare movement move; our predecessors in this field, yours and mine. They have served with financial remuneration and without it, board members and executives, friendly visitors and staff. They have given up leisure, pleasurable activities, more selfishly profitable occupations to devote time, energy and financial support to this cause of family well-being. And aside from personal satisfactions they have done it because they have believed that people are important. <sup>6</sup>

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<sup>5</sup> Ibid

<sup>6</sup> Eleanor Neustaedter, "Along what Lines Does the Future Contribution of the Family Welfare Movement Lie?" The Family, 20:321, June, 1939



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In the Spring after the beginning of the organization, a Fresh Air Fund was started, by means of which car-fares, carriage rides and trips to Baker's Island ( a popular island not far out in the harbor of Salem) were provided for children and sick people.<sup>7</sup>

In 1894 the report of the secretary at the annual meeting of the Council states that

The Society has twice been tempted to step aside from its regular course; in one instance to disburse a charitable fund raised by The Salem News; in the other to collect funds for the purpose of making arrangements to supply work for the unemployed. In both cases it was thought best not to depart from the usual methods of the Associated Charities, as it is not directly a relief-giving body. There are many excellent charities in Salem, and it is our part to collect and classify information for their use; to prevent the overlapping of cases; to call attention to deserving cases; and above all, to reach the poor by our system of Friendly Visiting.<sup>8</sup>

On July 5, 1901, nearly ten years after organization, the Society was established as an incorporated body, and in 1907 the Board of Directors was enlarged to include representatives from all the social agencies. Cooperation was the watchword.

As the years went by, and social work developed gradually into a more scientific, more organized, method of helping people to lead more socially useful and emotionally satisfying lives, the agency took part in many of the progressive movements of the day. Often it was the leader in the community toward the goals for which all the agencies were striving, each one by its own method. This leadership, which was characteristic from the beginning of its organization, explains partially

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7 Associated Charities of Salem, First Annual Report, 1892.

8 Associated Charities of Salem, Third Annual Report, 1894.



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the high standing of the private family organization in this community under study, and in communities all over the nation.

One of the most controversial issues that the agency was to take a stand on in the face of almost insurmountable opposition, was the development of what is now known as the Social Service Exchange. Its development was a struggle, as the other agencies for the most part participated in it halfheartedly, or even unwillingly. It is not exactly known in the Family Service Association of Salem, just when the agency established what was called the "Confidential Exchange", and served as a branch office for Boston, covering the areas surrounding the agency. It was not fully accepted even among agency members, and therefore little mention of it was made in the public annual reports of the agency's work during the year. What mention of it was made was clothed in a very non-committal and arbitrary terms to avoid arousing the indignation of those who believed that the exchange of confidential information between agencies defeated some of the very basic principles of social case work.

The first official mention of such a function being definitely a part of the agency, appeared in the Eighteenth Annual Report of the agency for the year 1908-1909, and the following quotation will illustrate how the wording was very carefully formulated to arouse as little indignation as possible on a very controversial subject.

For all who wish to help others in Salem the Associated Charities offers itself as a Clearing House or Central Registration Bureau. If one cannot be sure what others are doing for a family it is of little use to try and get that family on its feet. If there are three societies, each trying to aid a family in a separate way, no one of them can succeed. There must be some plan devised so that each can know when the other is at



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One of the most controversial issues that the agency was to take a stand on in the face of almost insurmountable opposition, was the development of what is now known as the Social Service Exchange. Its development was a struggle, as the other agencies for the most part participated in it halfheartedly, or even unwillingly. It is not exactly known in the Family Service Association of Salem, just when the agency established what was called the "Confidential Exchange", and served as a branch office for Boston, covering the areas surrounding the agency. It was not fully accepted even among agency members, and therefore little mention of it was made in the public annual reports of the agency's work during the year. What mention of it was made was clothed in a very non-committal and arbitrary terms to avoid arousing the indignation of those who believed that the exchange of confidential information between agencies deflected some of the very basic principles of social case work. The first official mention of such a function being definitely a part of the agency, appeared in the Eighteenth Annual Report of the agency for the year 1908-1909, and the following quotation will illustrate how the wording was very carefully formulated to arouse as little indignation as possible on a very controversial subject.

For all who wish to help others in Salem the Associated Charities offers itself as a clearing house or Central Refraction Bureau. If one cannot be sure what others are doing for a family it is of little use to try and get that family on its feet. If there are three societies, each trying to aid a family in a separate way, no one of them can succeed. There must be some plan devised so that each can know when the other is at



work. In almost all cities in the United States where there is an Associated Charities, it fulfills the function of a Clearing House. The plan is very simple. The Associated Charities, standing for co-operation and organization in the community, opens a card-file drawer for the whole city, and employs a clerk, one of whose duties it is to keep the cards filed. Anyone who is assisting needy families is asked to file a list of such families in this drawer. The file is kept entirely separate from the list of those families which are being advised and treated by the Associated Charities itself....<sup>9</sup>

The rest of the quotation was not included as it gave only the mechanics of how the files were to be kept, and methods of insuring that the information would be kept confidential.

At first the other agencies were not very cooperative in keeping this index of information, but became increasingly interested as they began to realize the value of such information. The agency carried on the work as a branch of the Boston index, and finally had it sufficiently organized to turn it completely over to Boston, after they were assured that all the community agencies would give it their full cooperation.

During the years of its existence the agency has taken part in and initiated many other programs to operate for the improvement of the community and the welfare of its citizens. The very first was the Fresh Air Fund, established during the spring after the very beginning of the organization. Between 1901 and 1911 the Childrens Aid Committee was formed. This committee was an enlargement of the Fresh Air Work, and began to visit regularly the Juvenile sessions of the Court, with a view to a better understanding of children's problems and how to treat them.

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<sup>9</sup> Associated Charities of Salem, Eighteenth Annual Report, 1909.

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In 1911, The Tuberculosis Exhibition was held, which resulted in a committee being formed within the Society, which later developed into the Salem Association for the Prevention of Tuberculosis.

The year 1922 proved to be a progressive one for in that year a complete list of all charitable, religious and social agencies in Salem was compiled, which for a while was revised annually. It was later discontinued because of the expense, although the agency has always kept a complete file available for reference at all times.

In 1922, the Revolving Case Committee was established and held its first meeting. Three Directors would review the most difficult problems with the secretary, and discuss the matters thoroughly and individually, acting in an advisory capacity. This committee has continued to discuss cases with the general secretary up to the present time.

Also in 1922 the formation of a Community Committee at the request of the agency resulted in the Christmas Clearing, under the direction of the Red Cross. This was felt to be a long step toward cooperation among agencies, as all families who were to receive a Christmas contribution from any agency or church would be registered at the Christmas Clearing, and therefore eliminate duplication in some families, and lack of any contributions in others. <sup>10</sup>

As time progressed the feeling came about that the name "Associated Charities" no longer accurately represented the activities of the Society since the work was not confined merely to the association of other societies and welfare organizations in cooperation on a given case, but a large amount was done by direct action, and a considerable amount of

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<sup>10</sup> Family Welfare Society, Fortieth Annual Report, 1931

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relief given from the agency's own funds. It was further felt that the word "Charities" had an unpleasant implication, suggesting in its general use a kind of condescension from those who are well off to those who are in need. In consequence, on April 24, 1925, the name was changed to the Family Welfare Society, as "Family Welfare" was thought to be a broader and better designation, and more in keeping with the spirit of the times.<sup>11</sup>

The president in his annual report cited his opinion as follows:

The structure of our organization has been out-lived and should be modified to meet present conditions. One of our main objects of those days, as it is today, was cooperation with other agencies, and in order to bring this about as effectively as possible, it was provided that the presiding officers of all the social welfare and charitable agencies in the city should be chosen vice-presidents of our organization. It was the intention to so unite the interests of the various agencies and to centralize the efforts of the community under this plan of cooperation that there would be little or no duplication of effort. We believe, however, that the same ends can be obtained by modifying this plan somewhat, and it will therefore be suggested to you that our Board of Directors be increased and that the executive heads of all the philanthropic agencies be considered members of this Society.

We are therefore suggesting to the Society today, not only a change in our by-laws which will more effectively meet our needs but a change in name as well, which will more clearly express the work in which we are engaged....<sup>12</sup>

The agency carried on its work under this name for fifteen years.

The present name of Family Service Association was adopted in 1939 because of the confusion of the word "Welfare" with the public agencies.<sup>13</sup>

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<sup>11</sup> Associated Charities of Salem, Thirty-Third Annual Report, 1924.

<sup>12</sup> Ibid.

<sup>13</sup> Family Welfare Society, Forty-Eighth Annual Report, 1939.



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II Associated Charities of Salem, Twenty-Third Annual Report, 1924.

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13 Family Welfare Society, Forty-Eighth Annual Report, 1939.



As the years went by, analysis of the annual reports of the agency in retrospect showed a gradual shift of focus in the social case work performed under its auspices. No longer did social workers concentrate on pauperism, almsgiving and economic difficulties, but rather devoted their attention to the emotional problems of their clients, realizing that this was the basic difficulty in most maladjustments far more than any lack of dollars and cents, which was usually only a symptom of underlying disorder.

There have been other shifts of emphasis in the field of social case work and private family societies, such as the one under study. A change in the conception of function is noteworthy, and it is interesting to note that the newer trend is to return to the very earliest concepts of agency function. In the beginning agencies accepted without question their protective role, realizing among other things that the applicant was usually not voluntary, frequently coming from someone in the community; the problem presented may have been unrecognized by the client; that the client would not always participate in the agency's or the community's plan; and that the standard of living was frequently below the standard set by the rest of the community. It was felt that however baffling the problem, it would be socially irresponsible to deny some type of service to cases for which there was apparently no constructive disposition, even though such cases might present a variety of baffling problems for which case work skills had not found an adequate solution.

This early concept of the service to be rendered by social workers in family agencies gave way to an emphasis upon the client's wish for help as an almost indispensable element in the agency's acceptance of the case. Agencies frequently accepted or rejected new cases on this basis of whether



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This early concept of the service to be rendered by social workers in family agencies gave way to an emphasis upon the client's wish for help as an almost indispensable element in the agency's acceptance of the case. Agencies frequently accepted or rejected new cases on this basis of whether



the client really wanted the service that they could offer him.

At the present time there can be noted in family agencies a trend toward the return to the earlier concepts, that the family agency is an "organization aware of human needs and concerned with any problems that influence family life and family relationships in the community."<sup>14</sup> This return to a former trend has been due not only to an ever-increasing development of scientific case work skills and more acute awareness of the needs of clients, but also to a certain extent has been due to the refusal of the community to understand or to accept the disregard of protective problems by the family society.

To clarify this discussion the writer has tried to get a clear and accurate description of the term "protective" as it is used in this discussion. In part one of "Aspects of Relations with the Community in Family Case Work", entitled "Some Protective Aspects of Family Case Work", the writers stated:

A major difficulty has been the lack of a clear-cut commonly understood definition of the term "protective". In the committee, for example, we found that we used the term loosely to apply to a variety of situations or type of activity on the part of the worker or agency. In retrospect, we discovered that one or more of the following factors were present in any situation that we described as "protective": (1)The application is usually non-voluntary, the referral frequently coming from someone in the community rather than from the client. (2) The problem presented may be unrecognized by the client. (3)The client does not always participate in the agency's or community's plan. (4)The problem involves a danger to the client himself, his family or the community. (5)

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<sup>14</sup> Cornelia Biddle, and others, "Aspects of Relations with the Community in Family Case Work," The Family 20:36, April 1939.

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14 Corolla Middle, and others, "Aspects of Relations with the Community in Family Case Work," The Family 20:5, April 1937.



The client's standard of living is below the standard set by the rest of the community.<sup>15</sup>

There has been, and still is a gap between agency and community viewpoints about protective work, and the family agencies are now striving to bridge it. Family agencies are using protective activity to handle critical situations in client's lives for which they are unable to assume responsibility themselves and there is a need for protective activity by someone in the community. Social workers use responsible, authoritative activity to help clients through these situations. Thus the article says,

Our conviction that protective activity is necessary to meet a particular crisis must never be allowed to interfere with our sensitivity to whatever capacity clients may have to help themselves and solve their own problems.<sup>16</sup>

This is in keeping with the earliest concepts of the Family Service Association of Salem, which on December 22, 1891 gave as one of its objects, "To encourage thrift, self-dependence and industry, through friendly advice and sympathy, and to aid the poor to help themselves rather than to help them by alms".<sup>17</sup>

It is true that the wording of this concept may have been changed many times through the years, but the thought is still sound, that social work is ever an endeavor to help people to help themselves.

In going over the records of an agency such as the Salem Family Service Association it would be impossible not to be impressed with the

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<sup>15</sup> Ibid., p. 37

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honorable record that is their past. Reflections on former contributions of the family welfare movement in which a family agency such as this one took such an active part, give rise to speculation about what new research and new contributions to community and social betterment will be instigated by their efforts. Throughout the next years social workers will watch the trend of ever-changing concepts of social work, and see how great a role the Family welfare movement will have for the future.

by the preservation of more historic landmarks, relics and articles of Colonial interest than any other city in New England. Salem is historically and internationally noted as the scene of the famous witchcraft case of 1692, the meeting place of the first Provincial Congress, and the site of the old North Bridge, where the Colonies' first armed resistance to the British occurred in the Revolution.<sup>1</sup>

The Salem of today is a thriving center of 21,000 people, the administrative center of Essex County, and the retail center for about 400,000 persons. It has seventy different kinds of manufacturing, represented by one hundred and fifty factories, including most prominently the manufacture of cotton goods, leather, shoes, luminous paint, radio tubes, and gears. The city is located on the Western Division of the Boston and Maine Railroad, thirty minutes to Boston. It has many inducements for tourists to visit it, which include the well known House of Seven Gables, and the Minerva Village, which is a correct reproduction of life in a Puritan settlement.

<sup>1</sup> Essex Institute. *Salem's Salem in Salem*. 1927 p. 7.

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## CHAPTER III

## COMMUNITY RESOURCES OF SALEM

The Family Service Association, the agency from which the records used for this paper were taken is located in Salem, Massachusetts, one of the oldest cities in the United States. Salem was founded in 1626 and has a fascinating historical background which has been kept alive by the preservation of more historic landmarks, relics and articles of Colonial interest than any other city in New England. Salem is nationally and internationally noted as the scene of the famous witchcraft era of 1692, the meeting place of the first Provincial Congress, and the site of the old North Bridge, where the Colonies' first armed resistance to the British occurred in the Revolution.<sup>1</sup>

The Salem of today is a thriving center of 41,000 people, the shire town of Essex County, and the retail center for about 200,000 persons. It has seventy different kinds of manufacturing, represented by one hundred and fifty factories, including most prominently the manufacture of cotton goods, leather, shoes, incandescent lamps, radio tubes, and games. The city is located on the Eastern Division of the Boston and Maine Railroad, thirty minutes to Boston. It has many inducements to lure tourists to visit it, which include the well known House of Seven Gables, and the Pioneers' Village, which is a correct reproduction of life in a Puritan settlement.

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The Salem of today is a thriving center of 41,000 people, the entire town of Essex County, and the retail center for about 500,000 persons. It has seventy different kinds of manufacturing, represented by one hundred and fifty factories, including most prominently the manufacture of cotton goods, leather, shoes, incandescent lamps, radio tubes, and games. The city is located on the Eastern Division of the Boston and Maine Railroad, thirty minutes to Boston. It has many industries to lure tourists to visit it, which include the well known House of Seven Gables, and the Pines, Village, which is a correct reproduction of life in a Puritan settlement.

<sup>1</sup> Essex Institute, Visitor's Guide to Salem, 1937, p. 7.



The population is 41,213 (1940 U. S. Census). Of the white population the males are 48.2 per cent; females 51.8 per cent. The total colored population is very small. The American born population is 76.8 per cent of the whole. Predominating nationalities of foreign-born residents are: Canadian 4,613; Polish 1,894; Irish, 1,472; Italian 470; English 295; Greek 251; others 934, with a total of 9,929 foreign born.

The social workers of the Family Service Association and other social agencies in Salem, in order to carry on their social case work treatment, are frequently called upon to contact and utilize other resources for services not included in the function of their own agency. This is an important factor in any social work treatment, and cooperation among social agencies for this purpose can contribute immeasurably to satisfactory, efficient treatment, without undue delay.

For more efficient community use the Family Service Association classified all available resources under the following headings: Social Service; Religious; Recreational; Personal Finance; Mercantile and Industrial; Legal; Insurance; Health; Educational; Civic; and Benevolent.

The Social Service Resources were classified into four divisions, (1) Family Service and Relief, (2) Institutional and Foster Care, (3) Community Service, and (4) Group Work.

Family Service and Relief could be obtained from the Board of Public Welfare which gives Aid to Dependent Children, Old Age Assistance to men and women sixty-five years and over who are in need, and relief to families and some unmarried persons in their own homes. In addition ex-service

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men can receive aid for themselves and their families from the Soldiers' and Sailors' Relief Department, or through the Home Service Department of the Red Cross, or from the American Legion which offers social service through its Relief and Child Welfare Committee.

For Family Service and Relief, clients could also turn to the Family Service Association for advice and case work treatment, or to the Catholic Charities Center which deals with families of the Roman Catholic faith.

Non-residents of Salem could receive aid from the Salvation Army or the Travelers' Aid Society, both of which have branches located in Salem.

The Society for the Prevention of Cruelty to Children also maintains its office in Salem and was organized to prevent physical and moral neglect and protect wives and dependent children from non-support and desertion by the breadwinners.

The second classification under Social Service Resources, is Institutional and Foster Care. The Catholic Charities Center has a worker to find homes in Catholic families, and supervises the care of children placed in these foster homes. Salem is within the territory covered by the New England Home for Little Wanderers which provides foster care for children, largely Protestant. In addition the Division of Child Guardianship in the State Department of Public Welfare also gives this service through the local Board of Public Welfare.

There are two institutions for private care for the aged, including the Bertram Home for Aged Men, and the Old Ladies' Home, and the public

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City Home at the Salem Willows for the benefit of those without funds who have lived in Salem at least five years. Those who need institutional care but have not lived in Salem for five years may go to the State Infirmary at Tewksbury.

The Children's Home is maintained by the Salem Seamen's Orphan and Children's Friend Society, one of the oldest charities of Salem, chartered in 1841 to provide a home for the care and education of destitute children. This home is still operating in Salem, providing shelter and care for its occupants.

The third classification of Social Service Resources includes those under Community Service, including the council of Social Agencies and the Community Chest.

The fourth and last classification under the Social Service Resources is that of Group Work. The Boy Scouts and the Girl Scouts are active in Salem, carrying on a program for boys and girls designed to develop character and prepare the young people for the responsibilities and challenges they must meet in adult life. Other organizations in Salem offering group activity are the Salem Fraternity, which is the oldest boys' club in America, organized in 1869; the House of Seven Gables Settlement, and the Young Men's Christian Association. The House of Seven Gables Settlement is open to both sexes, but is limited only to those who live within the community immediately surrounding them.

The second group is Religious Resources, and in Salem there are twenty-nine different churches, representing many denominations and faiths. Many of the churches have benevolent groups, social clubs, and social services which are a part of them.

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Health services can be obtained through several mediums. The Salem Hospital is the general hospital which serves Salem and this immediate area. The North Shore Babies' Hospital gives specialized treatment for infants. Tuberculosis is treated at the Essex Sanatorium; cancer at the Pondville Hospital; insanity at the Danvers State Hospital; and criminal insanity at the Bridgewater State Hospital. There are out-patient clinic services at the Salem Hospital; well baby clinic services at the Lydia E. Pinkham Memorial; Child Guidance clinic services and speech correction services at the same memorial or at the Judge Baker Guidance Center; and psychiatric services for veterans at the Salem Veteran's Clinic under the auspices of the Danvers State Hospital. Health services also include visiting nurses, and the inspection and protective services of the Board of Health.

The Educational Resources include public and private schools which includes the Parochial system of the Roman Catholic Church. The State Teacher's College is located in Salem, and there are also public night courses known as the Evening School Division, including a naturalization program and a civil service course.

Essex County Agricultural School gives a combination of academic work and practical training, in agriculture for the boys, and domestic science for the girls. For more practical, specialized training there is the Manual Training course offered in the High School, and the Vocational School as well as the Beverly Trade School which is also open to Salem boys. This Beverly Trade school cooperates with the United Shoe Machinery Corporation, and a student spends part-time on theory and laboratory

Health services can be obtained through several mediums. The Salem Hospital is the general hospital which serves Salem and this immediate area. The North Shore Hospital, Hospital gives specialized treatment for infants. Tuberculosis is treated at the Essex Sanatorium; cancer at the Pondsville Hospital; insanity at the Danvers State Hospital; and criminal insanity at the Bridgewater State Hospital. There are out-patient clinic services at the Salem Hospital; well baby clinic services at the Lydia E. Pinkham Memorial; Child Guidance clinic services and speech correction services at the same memorial or at the Judge Baker Guidance Center; and psychiatric services for veterans at the Salem Veterans' Clinic under the auspices of the Danvers State Hospital. Health services also include visiting nurses, and the inspection and protective services of the Board of Health.

The Educational Resources include public and private schools which include the parochial system of the Roman Catholic Church. The State Teacher's College is located in Salem, and there are also public night courses known as the Evening School Division, including a naturalization program and a civil service course.

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work at the school and part-time on practical application at the factory.

A visiting teacher visits children who cannot attend school because of a physical handicap, and gives them lessons at home to help them keep with their classes until they are able to return to school.

Retarded children go to the Center School, where they are taught to use their hands, and less emphasis is given on academic achievement. Subjects taught include cane seating, furniture repairing, painting, shoe repairing, sewing, cooking and mothercraft. For those children who are definitely feeble minded, Salem comes within the district of the Walter E. Fernald State School at Waverly and the Wrentham State School, both under the supervision of the Department of Mental Health. The defective delinquent offers another problem and he goes to the State Farm in Bridgewater, under the Department of Correction.

Salem boys and girls who need training for misconduct are sent to one of several schools under the State Department of Public Welfare. Boys under fifteen are received at the Lyman School for Boys, and from fifteen to eighteen are received at the Industrial School for Boys at Shirley. Girls under seventeen are received at the Industrial School for Girls at Lancaster. In addition to all this Essex County maintains a Training School in Lawrence where the Court can send boys for truancy, or for being habitual school offenders, upon complaints brought into Juvenile Court by the Attendance Officer.

There is a private reform school in Salem, founded by Miss Caroline Plummer in memory of her brother, a Salem merchant. This is the Plummer Farm School on Winter Island. Here a boy may be sent through a

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court commitment from the Juvenile Court, or the parents may themselves arrange with the Superintendent of the School to board him there, upon signing an agreement that they will not take him out for at least a year.

Educational resources for the handicapped children of this area include the Massachusetts Hospital School in Canton for crippled children between five and fifteen years of age who are mentally competent to attend public schools. The Perkins Institution for the Blind gives specialized instructions to blind and deaf-blind. The Beverly School for the Deaf is a free school also open to Salem children. The Hospital Cottages for children in Baldwinsville is a private institution combining hospital and school for handicapped children under sixteen years of age. All childhood diseases are treated except contagious diseases and severe mental disorders with special attention given to children with chronic heart disease, deformities, epilepsy and paralysis.

There are a number of Benevolent Resources in Salem, the distinction between the benevolent and social service groups being that workers in the Social Service groups have had specialized training. The Salem Chapter of the American Red Cross has a committee on Braille. Salem Volunteer Brailleists transcribe pages of braille which are bound and sent to libraries throughout the country.

The Rotary Club of Salem also works toward benevolent ends and has worked out a youth's work program, in addition to their outstanding Christmas endeavors. Along the same line is the committee of the Kiwanis Club, in which the group plans outings and takes school children on short trips of educational interest. They also spend an amount each year for underprivileged children, on glasses, milk, hot lunches and other benefits.

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The Zonta Club raises money to contribute to various existing charities, such as the Young Women's Association, St. Mary's Guild, Girl Scouts, Family Service Association, and many others.

There are women's clubs, sewing circles and church organizations, who raise money to contribute toward worthwhile needs, and spend their meeting times making articles for use in hospitals, clinics, and other agencies.<sup>3</sup>

Resources that are mentioned in this chapter, and others that are not, were classified and placed on charts according to eleven headings, Social Service, Religious, Recreational, Personal Finance, Mercantile and Industrial, Legal, Insurance, Health, Educational, Civic, and Benevolent. These Community Resource charts were available to all who wished to refer to them, and copies may be seen in the Appendix.

These Community Resource charts have been one of the ways in which the Family Service Association has been able to further its goal of greater cooperation between all of those agencies that are striving for the betterment of the community and the individuals who live within it. One of the functions since the beginning of the agency has been to promote greater harmony, greater efficiency in the conduct of philanthropic work in the city and greater cooperation between the agencies. It was felt that this would mean in the words of their first president that, "The city would benefit, the public would feel its effect, and the indi-

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<sup>3</sup> Family Welfare Society, Salem Community Resources for the Welfare of its Citizens, 1940.

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The Santa Clara Club raises money to contribute to various existing charities, such as the Young Women's Association, St. Mary's Guild, Girl Scouts, Family Service Association, and many others.

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vidual whom we are trying to help (the most important consideration of all) would find his problems more intelligently and more constructively solved."<sup>4</sup>

The study of 167 cases from the Salem Family Service Association which were used for this thesis, indicated some interesting trends after the schedules were filled in and results compiled. Fifty-two of the cases were classified as 'active', and 115 were classified as 'short service.'

Active cases were those which required intensive treatment by the agency during the year. Of the fifty-two cases, forty were classified as 'under direct care' and twelve as 'not under direct care.' The former of these two classifications meaning that the client was receiving direct case work services and aid, or both from the Family Service Association, and the latter meaning that the client was receiving treatment from some other public or private agency in cooperation with the Family Service Association. For instance, in many of these 'not under direct care' cases, the client was known to the Family Service Association for case work services, and at the same time received aid from the Board of Public Welfare or treatment from some other agency.

Short service cases included those which required only temporary or emergency treatment, which was discontinued after the completion of the service required. Of these 115 short service cases fifty-five cases had been active with the agency in former years and had been included in the case load because of an inquiry in regard to them, a friendly contact with them, or because of their request for advice on a particular short-

<sup>4</sup> Ralph B. Harris, President, Associated Charities of Salem, Thirty-Second Annual Report, 1923

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## CHAPTER IV

## SUMMARY OF FINDINGS FROM STUDY OF SCHEDULES

The study of 167 cases from the Salem Family Service Association which were used for this thesis, indicated some interesting trends after the schedules were filled in and results compiled. Fifty-two of the cases were classified as "active", and 115 were classified as "short service."

Active cases were those which required intensive treatment by the agency worker during the year. Of the fifty-two cases, forty were classified as "under direct care" and twelve as "not under direct care," the former of these two classifications meaning that the client was receiving direct case work services and aid, or both from the Family Service Association, and the latter meaning that the client was receiving treatment from some other public or private agency in cooperation with the Family Service Association. For instance, in many of these "not under direct care" cases, the client was known to the Family Service Association for case work services, and at the same time received aid from the Board of Public Welfare or treatment from some other agency.

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## CHAPTER IV

## SUMMARY OF FINDINGS FROM STUDY OF SCHEDULES

The study of 187 cases from the Salem Family Service Association which were used for this thesis, indicated some interesting trends after the schedules were filled in and results compiled. Fifty-two of the cases were classified as "active", and 135 were classified as "short service."

Active cases were those which required intensive treatment by the agency worker during the year. Of the fifty-two cases, forty were classified as "under direct care" and twelve as "not under direct care," the former of these two classifications meaning that the client was receiving direct case work services and aid, or both from the Family Service Association, and the latter meaning that the client was receiving treatment from some other public or private agency in cooperation with the Family Service Association. For instance, in many of these "not under direct care" cases, the client was known to the Family Service Association for case work services, and at the same time received aid from the Board of Public Welfare or treatment from some other agency.

Short service cases included those which required only temporary or emergency treatment, which was discontinued after the completion of the service required. Of these 135 short service cases fifty-five cases had been active with the agency in former years and had been included in the case load because of an inquiry in regard to them, a friendly contact with them, or because of their request for advice on a particular short-term problem.



Also included in the short service cases were thirty-eight cases classified by the agency as "applications" which included cases referred to the agency for services that were felt to be within the function of some other agency and consequently transferred, or services that required only short time, specific treatment or direction, and continued contact was not indicated or desired. An "application" may have only included a first interview, which it was the agency's policy never to reject, and was considered a service in itself. Inquiries and out of town inquiries included requests for information from some other social agency in the community or out of town.

The following table will illustrate more clearly how the total case load of 167 cases which came to the attention of the agency during 1945 were classified.

TABLE I.

ANALYSIS OF THE CASE LOAD OF 167 CASES OF THE  
SALEM FAMILY SERVICE ASSOCIATION DURING 1945

Type of Case	No. of Families
Active Cases	
Under direct care	40
Not under direct care	12
Short Service Cases	
Inactive cases	55
Applications	38
Out of town inquiries	12
Inquiries	<u>10</u>
Total	167

Also included in the short service cases were thirty-eight cases classified by the agency as "applications" which included cases referred to the agency for services that were felt to be within the function of some other agency and consequently transferred, or services that required only short time, specific treatment or discussion, and continued contact was not indicated or desired. An "application" may have only included a first interview, which it was the agency's policy never to reject, and was considered a service in itself. Inquiries and out of town inquiries included requests for information from some other social agency in the community or out of town.

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TABLE I  
ANALYSIS OF THE CASE LOAD OF 187 CASES OF THE  
CIVIL SERVICE AGENCY DURING 1945

Type of Case		No. of Families	
<hr/>			
Active Cases			
Under direct care		40	
Not under direct care		12	
Short Service Cases			
Inactive cases		25	
Applications		30	
Out of town inquiries		12	
Inquiries		<u>40</u>	
Total		187	



Table II will show how many cases were new and how many were continued from previous years, and what number of new and continued cases were included in the active case load, as well as the number included in the short service case load.

TABLE II.

NUMBER OF NEW AND CONTINUED CASES AMONG THE  
ACTIVE AND SHORT SERVICE CASES DURING 1945

Type of Case	No. of Families
Active Cases	
Continued	44
New	8
Short Service Cases	
Continued	85
New	30
Total	167

The Family Service Association has an integral place in the community, and during its lifetime since 1891 has had referrals from many increasing numbers of sources. Personal applications constituted the highest number of referral sources, as clients heard of the services of the agency through publicity campaigns, word of mouth or recommendations from friends or former clients. The following table will illustrate more clearly the original sources of referral. Only those sources were included which referred four or more cases, and this table shows the source of only 120 of the 167 cases studied. The remaining forty-seven cases were referred by sources which referred less than four cases each.

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TABLE II.

NUMBER OF NEW AND CONTINUED CASES AMONG THE  
ACTIVE AND SHORT SERVICE CASES DURING 1930

Type of Case		No. of Families	
Active Cases			
Continued	44		
New	8		
Short Service Cases			
Continued	82		
New	30		
Total		167	

The Family Service Association has an integral place in the community, and during its lifetime since 1891 has had referrals from many increasing numbers of sources. Personal applications constituted the highest number of referral sources, as clients heard of the services of the agency through publicity campaigns, word of mouth or recommendations from friends or former clients. The following table will illustrate more clearly the original sources of referral. Only those sources were included which referred four or more cases, and this table shows the source of only 130 of the 167 cases studied. The remaining forty-seven cases were referred by sources which referred less than four cases each.



TABLE III

SOURCE OF ORIGINAL REFERRALS WHICH  
REFERRED FOUR OR MORE FAMILIES

Source	No. of Families
Personal application	45
Family Service Association directors	13
Benevolent persons	13
Physicians	9
Clergymen	9
Family Service Association clients	8
Board of Public Welfare	8
American Red Cross	7
Mass. Society for the Prevention of Cruelty to Children	4
Neighbors	<u>4</u>
Total	120

First among the reasons for a family coming to the attention of the agency was the need for aid. Fifty-three of the 167 cases needed aid, and eighteen wished financial advice. Seventeen were referred from other agencies or from reliable persons who requested information. This latter number included the twelve out of town inquiries that came in during the year. Next on the list of reasons for referral was the request for employment which occurred in fourteen cases. There were ten requests for advice on marital problems, and nine requests for boarding homes for children. Eight families came to the agency for advice on legal matters, and six came because of emotional difficulties for which case work services were specifically requested. Another six cases were referred because it was felt the children in the family needed more physical or moral supervision than they were receiving. Most of these

TABLE III

SOURCE OF ORIGINAL REFERRALS WHICH  
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Source	No. of families
Personal application	43
Family Service Association directors	13
Benefactor persons	13
Physicians	8
Clergymen	8
Family Service Association clients	8
Board of Public Welfare	8
American Red Cross	7
Mass. Society for the Prevention of Cruelty to Children	4
Neighbors	4
Total	120

First among the reasons for a family coming to the attention of the agency was the need for aid. Fifty-three of the 120 cases needed aid, and eighteen wished financial advice. Seventeen were referred from other agencies or from reliable persons who requested information. This latter number included the twelve out of town inquiries that came in during the year. Next on the list of reasons for referral was the request for employment which occurred in fourteen cases. There were ten requests for advice on marital problems, and nine requests for boarding homes for children. Eight families came to the agency for advice on legal matters, and six came because of emotional difficulties for which case work services were specifically requested. Another six cases were referred because it was felt the children in the family needed more physical or moral supervision than they were receiving. Most of these



latter cases were referred to the Society for the Prevention of Cruelty to Children, as it was felt that such problems rightly came under their jurisdiction. Five families were referred for Fresh-air vacations for the children, which has been a special function of the agency since its organization in 1891.<sup>1</sup> Another five were referred because of a need of health services. Four families came for advice on handling a problem child, two for vocational guidance, two servicemen came together to request transportation back to their service station, following the refusal of several other agencies. The remaining three did not seem to fit into any classification, and were classified as miscellaneous.

It should be kept in mind in going over the reasons for referrals stated above, that these are the tabulations of original referrals that may have been referred several or many years previous to the year 1945, and that treatment or indirect contact may have resulted in the case being an open one during the year studied.

The Family Service Association has had to limit itself to accept only those cases which come within the city limits of Salem, Massachusetts. Although cases which include areas outside of Salem are sometimes referred, the agency has always followed the policy of referring these cases to an agency which covers that particular area.

One aspect of the usefulness of an agency for family case work in the community is the willingness of the agency to take problems as they are referred to them and to explore and analyze them. After this exploration

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the family agency can usually make constructive suggestions as to ways in which the community may organize itself or establish means to deal with prevalent problems. To be useful and integral parts of their community, family agencies must recognize the need of the community to have a resource to which part of the responsibility for society's problems may be delegated. To handle this, family societies must be equipped to interpret to the community the client's problems and needs, and to articulate their own objectives in working with individuals.<sup>2</sup>

The Salem Family Service Association has long been concerned with community relationships. Cooperation has always been considered one of the main functions of the agency from its very foundation, and a statement of this was included in every annual report. The executive secretary of the agency promoted cooperative and friendly relationships among social workers in the city by starting the Unity Club several years ago, which was a social club to which all social workers in the city were eligible to belong. They met at regular meetings, made Christmas gifts for elderly people at the City Farm, and throughout the year made articles for other worthy causes. Their main function was not benevolent however, but social, and the organization of such a club contributed a great deal toward more efficient and friendly cooperative treatment of case work problems of the city. The Unity Club discontinued its activities as so many other clubs did, during the wartime years. It had served a purpose however, and a very definite one, for the Council of Social Agencies grew up as a result

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<sup>2</sup> Cornelia Biddle, and others, op. cit., p. 86

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of this one small social club, and this Council now takes an active part in civic and social affairs of the community.

An illustration of how this cooperation among social agencies is working in this community can be found from the analysis of the 167 cases studied, which showed that fifty-nine of the cases were treated by the Family Service Association in cooperation with another public or private agency. Most prominent among these examples were thirteen cases treated in cooperation with the Massachusetts Society for the Prevention of Cruelty to Children, and eleven in cooperation with the Board of Public Welfare, four of which were treated in cooperation with the workers in the Aid to Dependent Children office. Three cases were treated in cooperation with the Society for Prevention of Tuberculosis. Two cases were treated in cooperation with the Salvation Army, and another two treated in cooperation with the Massachusetts Department of Public Health. There were sixteen other agencies which each cooperated in one case during the year studied.

To explain what the writer has meant by "treatment in cooperation with other social agencies" a case will be cited in which treatment was carried on by three agencies, each one consulting with the other and working together for the benefit of the one family concerned.

The Campbell family has been known to the agency for over a period of thirteen years. They first applied to the agency shortly after their marriage asking for material relief, as the man was out of work and they had no money for food. At the time of their application Mrs. Campbell was expecting her first child.

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The family contacted the agency on several occasions since their initial application asking for material relief. in 1944 a worker from the Salem Society for Prevention of Tuberculosis contacted the agency asking if they would be willing to supervise the family budget. The family were receiving aid from the Aid to Dependent Children, but had no idea how to handle their money and were getting deeper and deeper into debt. Before the agency was able to get the budgeting under way, however, it was learned that Mr. Campbell had obtained work and the family were no longer receiving assistance.

Later the worker for the Society for Prevention of Tuberculosis again called regarding the case, asking if the agency would be willing to aid the family with food until the check from the Aid to Dependent Children arrived. Mr. Campbell had been ill for some time, and was unable to work. He had been hospitalized at the Sanitorium for Tuberculosis for some time off and on, yet at the present time was not ill enough to be returned to the hospital. Mrs. Campbell had found it impossible to live on the aid received from the Aid to Dependent Children as she had no idea of how to manage her finances and also because she had contracted bills. One of the bills was for back rent, contracted when Mr. Campbell was ill and unemployed. The worker from the Society for Prevention of Tuberculosis felt that Mrs. Campbell would gladly receive assistance from the agency on budget planning. The agency worker first contacted the worker from the Aid to Dependent Children who had no objections to the agency helping Mrs. Campbell plan her money, but said that they were taking on a "life time job."

Following this the agency gave Mrs. Campbell intensive training in handling her affairs and managing on her budget allowance. This treatment was carried on in fullest cooperation with the workers from the other two agencies. The Society for the Prevention of Tuberculosis gave help with planning for proper menus to maintain proper nutritional intake for Mr. Campbell as well as for the rest of the family. The Aid to Dependent Children continued to aid, gave advice on budget allowances, and gave counsel in regard to insurance adjustments.

This case illustrates how three community agencies cooperated to give the maximum amount of treatment and health protection to a family who were totally inadequate to handle their own problems. Without the cooperation of all of these agencies treatment of the Campbells would have been impossible, or at least would have been very difficult and



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Now that it is known the types of problems that are referred to the agency, and by whom they are referred, as well as those problems that are treated in cooperation with one or more other agencies, it would be interesting to include some mention of the marital status of the clients who require the case work services of a family agency. The following table gives the marital status of the "active cases" in this study.

TABLE IV

MARITAL STATUS OF CLIENTS  
IN ACTIVE CASES

Marital Status	Number of Families
Married Couples	26
Single	12
Widows	8
Divorced	2
Separated	2
Widowers	<u>2</u>
Total	52

The next table will give the marital status of the 115 families who were clients classified as "short Service cases."

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Singles	12		
Widows	8		
Divorced	2		
Separated	3		
Widowers	2		
Total	52		

The next table will give the marital status of the 115 families who were clients classified as "short service cases."



TABLE V  
MARITAL STATUS OF CLIENTS  
IN SHORT SERVICE CASES

Marital Status	Number of families
Married Couple	51
Single	19
Separated	16
Widows	15
Divorced	8
Widowers	6
Total	115

In the short service cases, almost 27 per cent of the clients were divorced or separated. The percentage was lower in the active cases, since the number of divorced or separated clients constituted 13 per cent of the total number of active cases.

To determine the function of an agency such as the one under study some mention must be given to the types of treatment it gives to the clients who apply for its services. The writer had some difficulty in classifying the type of treatment on the schedules since treatment was so varied with individual cases and needs. For the most part, the classifications used to describe treatment are the ones that the agency currently uses as a means of classifying treatment for its annual report. Table VI will give a description of the treatment used in the active cases. The total will exceed fifty-two, or the number of active cases, because in some cases more than one of these treatment classifications would be included in the total treatment process.

TABLE V  
MARITAL STATUS OF CLIENTS  
IN SHORT SERVICE CASES

Marital Status	Number of Families
Married Couple	21
Single	19
Separated	18
Widows	15
Divorced	8
Widowers	6
Total	117

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The writer will not attempt to classify the treatment given in the short service cases, because of their variety, and because such classification does not seem to have sufficient bearing on the subject.

TABLE VI

## TREATMENT OF ACTIVE CASES

Treatment	Number of families
Friendly contact	32
Advice on problems	35
Direct relief	19
Christmas remembrance	13
Employment	10
Indirect contact	7
Arranged for Fresh Air vacation	3
Friendly contact with client in service	3
Supervision of family budget	2
Advice on insurance problems	2
Recreation	1
Settlement of unsettled estate	1
Record of information	1
Vocational guidance	1
Total	130

The social resources used in treatment during the year are varied and cover a number of different problems. In order for them to be included in this study the agency must have definitely suggested and helped to secure the resource for the client. One of the outstanding and typical uses of social resources in the community was the use of the Children's Home at 17 Carpenter Street for the temporary and emergency care of children used in four cases. The agency secured the services of the North Shore Babies Hospital for the infants in three families. The Red Cross Motor Corp was used three times to transport people to and from a

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Vocational guidance	1
Total	130

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hospital for medical treatment. The agency enabled five children to go to summer camp under various different auspices, either by partially or totally financing the camps or by recommending that they be included on the list of those who took children at nominal fees or without charge. Convalescent care was secured for two cases, one through a church fund, and one through a fund available at the Salem Hospital for worthy cases. Two cases were referred for treatment to the Salem Child Guidance clinic, and two to the Salem Veterans' Clinic. Six cases received treatment at various clinics for health services, some at the out-patient clinic of the Salem Hospital, some at a clinic for venereal disease, and others at the out-patient clinic of the Middleton Sanatorium for the treatment of tuberculosis. Two elderly people were helped to get into the Old Ladies' Home, and one elderly man helped to gain admittance to the Bertram Home for Aged Men. In addition there were some instances of recommending families to receive benefits from certain funds or benevolent societies. There were fifty-three instances of obtaining or taking part in obtaining social resources, found among the 167 families studied. In some instances there would be more than one social resource that was used in treatment of a family.

The previous information has been compiled from the schedules to help point out the function of the agency and the service it offers, the scope of the agency within the community, and the way in which other community agencies utilize the services it offers. The cooperative relationship with other social agencies in treatment of these cases, and the way in which social resources are utilized to meet the needs which present themselves in case problems was also an objective studied

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In the first chapter, it was further stated that this study would also attempt to point out the social needs of the community which were not treated because of lack of adequate resources to meet the problems which prevailed during the year studied. Treatment which was held up or not completed because of lack of resources was a question which was included on the schedule, and some significant discoveries were made by a study of this question when the writer analyzed each one of the 167 cases used in the study. There were ten cases which could have benefited by an Adult Mental Hygiene Clinic in the community, and four which showed a need of a specialized child placing agency which is not included in the community's resources. Another four cases were problems of aged people who were rather "peculiar" and difficult custodial care problems. These four could not adjust properly in any convalescent homes or boarding places because of their eccentricities, and yet were not sufficiently unadjusted to warrant their commitment to a state hospital for the insane. A proper boarding place, specially equipped to care for such difficult old people, would probably have been the answer to their problems although there is some disagreement as to the advisability of such homes. Three cases presented unsolvable problems because of the lack of facilities to enable a feeble-minded member of the family to be admitted to one of the State Schools for feeble-minded. One case illustrated the need for a temporary shelter home in the community for the temporary or emergency care of children. Two illustrated the need of a day nursery for children in Salem, and two the lack of community resources to adequately supervise those diagnosed

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It should be mentioned that this one case that illustrated the need for a temporary shelter home in the community could not be admitted to the Children's Home because they did not have enough beds. The Children's Home reduced the number of beds that could be occupied because of the shortage of personnel.

The four cases which illustrated a need for some type of specialized care for elderly people who are difficult and eccentric to deal with brings out a problem that has been receiving some discussion at present because of its increasing importance.

It has been brought out in studies of the situation that sociological changes of the recent past have influenced families to an increasing reliance on public facilities rather than on personal responsibility in the care of their elderly relations.<sup>3</sup> In one study made it was felt that the lack of attention to psychiatric problems of old age will result in such over-crowding of the Mental Hospitals that the treatable condition of other patients will be neglected. It was felt the adequate custodial care of difficult elderly people should and must be provided, or a serious problem will result.<sup>4</sup>

The following chapter will be a more intensive discussion of case problems in the study which were felt to illustrate a need for specialized psychiatric help for adults who were having emotional difficulties.

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<sup>3</sup> Nelson A. Johnson, "The Growing Problem of Old Age Psychoses", Mental Hygiene, 30:448, July 1946

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## CHAPTER V.

CASE STUDIES TO ILLUSTRATE THE NEED OF  
A PSYCHIATRIC CLINIC IN THE COMMUNITY.

In the previous chapter it was mentioned that ten of the cases studied from the total case load of 167 cases showed a need for the services of an Adult Mental Hygiene Clinic such as the one that was held under the auspices of the Danvers State Hospital, and discontinued because of a shortage of personnel a few years ago. This chapter will include a discussion of the ten cases that the writer felt would have benefited from the services of a psychiatric clinic such as the one that previously operated in Beverly and Lynn. These clinics were open to Salem residents and were easily reached from Salem.

The Lynn Adult Mental Hygiene Clinic operated in Lynn from October, 1929 to May, 1942, and the Beverly Adult Mental Hygiene Clinic operated from January, 1939 to May, 1942. At that time the Danvers State Hospital discontinued this service because it was felt that the war time demands upon their doctors were too pressing to permit their services to extend outside of the hospital itself.

In these clinics, as in most clinics of its type, it was not the goal of the therapy to remodel the whole personality or to remove or cure a deep rooted neurosis that might respond only to long and intensive analytic treatment if at all. Rather the psychiatrists for the most part intended to treat some of the components of the neurotic personality with the aim of removing the specific disability that was handicapping the patient. It was realized that even in cases of successful

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The Lynn Adult Mental Hygiene Clinic operated in Lynn from October, 1929 to May, 1932, and the Beverly Adult Mental Hygiene Clinic operated from January, 1933 to May, 1935. At that time the Danvers State Hospital discontinued this service because it was felt that the war time demands upon their doctors were too pressing to permit their services to extend outside of the hospital itself.

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treatment many of the symptoms would remain, but that the patient would be helped to attain an ability to withstand the vicissitudes of life.

At the time of closing the two clinics available for use in this community under study, it was realized by doctors and laymen alike that the community was being deprived of a very important preventive service. Psychiatric clinics treat the problems of early maladjustment and personality disorder before they develop into full blown psychoses, and in many cases treatment averts incurable chronic illness and admissions to already over crowded mental hospitals. All of the ten cases which are discussed may not have been so serious that lack of treatment would have resulted directly in a psychosis or admission to a mental hospital.

Social workers for the most part may recognize the symptoms of an emotional disorder, and in some instances may treat it adequately. They are not qualified to make a diagnosis of the disorder, however, and what is even more important, they are not equipped to predict the prognosis of the case. For this reason neurotic manifestations should usually be observed by the psychiatrist who can decide whether the disturbance is of a sufficiently serious nature to warrant intensive psychiatric treatment or whether case work treatment could suffice to dilute the maladjustments and enable the client to effect and maintain the emotional stability necessary for his happiness.

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## CASE 1.

The first case illustrates some of the maladjusted behavior patterns of a young girl, which might have been modified by psychiatric treatment.

Joan B. was referred to the agency by the Red Cross in 1945. Joan was a sixteen year old, unmarried mother who needed help in planning for her two months old son. At the time of referral Joan and her baby were living with Joan's father. An aunt was acting as housekeeper for the family and caring for Joan's baby during the hours Joan was employed as a waitress.

The family background was extremely unstable. Mr. and Mrs. B., Joan's mother and father were married for seventeen years when Mrs. B. met another man, fell in love with him, divorced her husband and went south with the other man. Mr. B. allowed her to have the custody of the youngest son, but the mother left the other three children with her first husband without a struggle. Joan, then fifteen years old, stayed with her father for a while, and then went south to join her mother.

While in the south with her mother, Joan became pregnant illegitimately. She claimed that a service man was the father of her unborn child, but when he was contacted by the Red Cross he denied paternity, and said that there were many others who could equally have been responsible. Joan's mother persuaded her to go back to the father and tell him that she had been married, a story which Joan stuck to persistently for a while, and then admitted was false.

Her confinement took place in a benevolent maternity hospital in Boston, and Joan stayed there for a while trying to make up her mind what she wished to do with herself and the baby. She talked frequently of returning to her mother in the south, but finally decided to take the baby and go home to her father.

After a short while with her father, Joan came to the agency asking for help with a plan for herself and her baby. She said that her aunt was unwilling to keep on caring for him, and that she herself did not want to stay home and be housekeeper for her son and her father. Joan said that she would like to return to her mother in the south, but did not have the money for the trip. Apparently she was confused about what she did want to do because at another time during the interview, she said that she would like to do waitress work in New Hampshire with some of her girl friends and board the baby with someone near by. Another time she said that she would like to do housework near her father in a place where she could also keep her baby with her.



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Later Joan's father and grandfather came to the agency, saying that Joan was a great problem at home and they did not know what to do with her. She was hanging around bar rooms, and had changed the date on her birth certificate so that people would think she was older. The mother had arrived the day before with one of the girls who had been staying with her, as they had had some disagreement and the mother was returning the girl to the father. The mother wanted to take Joan's baby with her, and Joan insisted on going too. The father understood that Joan had made arrangements with the mother, however, to get off in New York, and be on her own.

The agency worker telephoned the Massachusetts Society for the Prevention of Cruelty to Children since Joan was under seventeen and her illegitimate baby was also involved in the plan. Miss C., the Society for the Prevention of Cruelty to Children worker, asked that the father and grandfather discuss the problem at her office, and they left the agency to keep an appointment with Miss C.

Later Miss C. called to report that she had suggested that the father take out a warrant at the District Court against Joan for waywardness, and Mr. B. had started to do so, but had decided to have the case dismissed later.

It was finally arranged that Joan should return south with her mother and leave the child with her older sister at the father's house. Joan stayed with her mother about three months, but while there took an overdose of sleeping powders. When she returned to Salem, she was found to have contracted venereal disease and was given treatment.

Joan again came to the office to ask for help in planning for her child. She was even more confused than in her previous talks with the agency worker. She gave a rather disconnected story, and said that she did not know just what to do with herself and the baby. Her aunt could no longer care for the baby, because her husband had returned from the service. Joan herself did not wish to stay at home from work and care for the baby, saying that she could not afford to do so. Joan said that her aunt had some plans for placing the baby, but was very indefinite about this. She left the agency saying that she had not made up her mind what to do and that if she really needed a boarding home, she would let the agency know.

It was at this point that the agency contact with Joan ended.

From contact with her, however, it was very evident that she was an immature, unstable girl, who needed concrete constructive psychiatric help to straighten out her attitudes and thoughts. She showed ambivalent feelings, and wavered between her desire to be with her mother who had remarried



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Joan also seemed to be torn between affection for her baby, which was on a very immature level, and her desire to be rid of the trouble of her child and the expense that he caused her.

Her immaturity, instability, and lack of ability to formulate plans all indicated underlying personality disorder, and this young girl could have probably benefited by the services of an Adult Mental Hygiene Clinic, to determine her attitude and help her work out her feelings in regard to her mother, father and son.

It is interesting to note, that some months after the contact of the agency with Joan, the agency received a letter from the Reformatory for Women at Framingham, Massachusetts, asking about the agency's contact with her in the past. Joan had been committed to the institution for being a Stubborn Child, on complaint of her father. It was stated that in the institution she was presenting a serious personality problem, had a history of suicidal tendencies, and that the psychiatrist considered her a pre-psychotic personality.

#### CASE 2.

The second case is that of the Lawtons, who were known to the agency since 1930. The problems of the case were complex, and Mrs. Lawton began to show neurotic symptoms as a result.

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The agency had several interviews with the Lawtons in the beginning of the contact, finding them wholly unreliable and not willing to cooperate in spending their money wisely. Mr. Lawton earned adequate income to support his family but had contracted many bills and were going without the necessities of life. Furthermore they were not willing to accept the guidance of the agency as to how to handle their money more wisely. The family were living in a very squalid condition for which they were paying a high rent to Mrs. Lawton's family. The agency refused to aid further unless living conditions were improved, as the place was not a proper one for the family to live in, and they could not afford the amount of rent. The agency tried to work with the family for three months, and then insisted that the Lawtons' move, which would mean that Mrs. Lawton's family would have to receive aid from the Board of Public Welfare, because the main support of the Lawtons would be removed. The agency felt that this would have been preferable to the conditions as they then stood, however. The Lawtons did not wish to move, and consequently were told that they should request whatever aid was needed from the Board of Public Welfare.

A few months later the family was again referred to the agency. There had been arguments among the in-laws who claimed that Mr. Lawton had been married before his present marriage to Mrs. Lawton and never legally divorced. Mr. Lawton had requested aid from many social agencies, all of whom had refused because he was not legally married to his wife.

Mr. Lawton came to the agency office, and said that he had enlisted in the army when he was a young boy and had been married to a girl whom he met while in service. At the marriage ceremony they both gave fictitious names and he gave his address as Colorado. They were separated for some time, and each wanted to live his own life. They never really lived together as man and wife, the man claimed. Eight years later Mr. Lawton stated that he had returned to this part of the country and found that his wife had married some one else and had a baby. His wife told him that their marriage had not been legal, and she had had no difficulty in marrying her present husband. Therefore, Mr. Lawton claimed that he had no reason to believe that the marriage was legal and had married the present Mrs. Lawton all in good faith. He said that the families knew about the previous marriage, which none of them considered legal. Shortly before the interview, however, the brother-in-law became angry with Mr. Lawton and told the worker at the Soldier's and Sailor's Relief, so that his assistance was discontinued.



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Mr. Lawton said that he had been advised to take legal steps to clear up the matter, but that no lawyer that he had approached would take on the case because he had no money. He did get one lawyer to ask his first wife if she would consider a divorce, but she said that she would not as she did not want any publicity and considered that her marriage was a legal one.

The Massachusetts Society for the Prevention of Cruelty to Children were called in on the case, as both Mr. Lawton and his first wife had children by their second marriage. There seemed to be no way to solve the situation, however, as Mrs. J. the first wife, refused to get a divorce under any circumstances, and Mr. Lawton could not obtain one as he had no grounds. The police did not wish to go in on the case because Mr. and Mrs. J. were such well-known and respected people. Since the whole affair would not only create much notoriety but be a very difficult situation to work out as far as the children were concerned, nothing further was ever done about it.

The agency has continued to have contact with the Lawtons throughout the years, however, as they have continually requested aid, and have gone to one social agency after another. Their requests were not always legitimate ones, and Mr. Lawton was the one who usually did the asking, although Mrs. Lawton occasionally requested help also.

The case has been carried on for years with conferences between the Family Service Association and the Society for the Prevention of Cruelty to Children, the Board of Public Welfare, and the Soldiers' and Sailors' Relief, all of whom have been interested in the problem.

Mr. and Mrs. Lawton seemed to be emotionally unadjusted. Mr. Lawton was studied at the Lynn Adult Mental Hygiene clinic when it was in operation, and Mrs. Lawton seemed to be in need of psychiatric help later.

Mrs. Lawton was nervous at home, unable to concentrate, and unable to remember what she had done with her money. She was further disturbed when one of the relatives told the oldest daughter that her mother and father were not legally married, and the oldest daughter became very upset by this and did not wish to continue living at home. In the later years, the problem has been under the treatment of the Society for the Prevention of Cruelty to Children rather than the Family Service Association, because of the nature of the problem and the legal situation involved. The agency has had enough contact to know what the situation was from time to time, however, as well as hearing from the Lawtons frequently when they requested aid.



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The Society for the Prevention of Cruelty to Children worker felt that Mrs. Lawton was highly nervous and about due for a breakdown. Whereas before Mrs. Lawton had considered herself legally married to her husband, she now began to have doubts about her marital status. She worried over it constantly, although no one seemed to be able to reach any decision about what should be done. Mrs. Lawton would have no doubt have received help by talking over her problems with a psychiatrist who could have helped to allay some of her guilty feeling about her marriage. Although she had logical grounds for her worry, there did not seem to be any workable solution to the situation, as there had been a great deal of discussion about the problem and no solution had been reached. Mrs. Lawton was probably the most innocent of all the parties concerned, and she could have probably benefitted by psychiatric interviews. Her husband had long been an unstable, neurotic and maladjusted individual who felt that the world owed him a living. His examination at a clinic for mental health had been arranged by the Society of the Prevention of Cruelty to Children some years ago when the clinic was still operating.

Mrs. Lawton showed inability to concentrate and to remember what she had done with her money. At first she was more capable than her husband in handling affairs, but later became so disturbed about the situation that she gave up completely and felt overwhelmed and depressed by her problems. This feeling seemed to be immediately precipitated by her daughter finding out about the situation from an irate relative. There was real danger that her depression might have serious consequences, especially since there was such a reality factor involved in

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### CASE 3.

The third case was that of Mrs. Doyle who had difficulty relating to people, particularly to women, with whom she immediately became competitive. She had an extreme desire to defend herself and her position, and had the need of feeling in her own mind that she was superior to people with whom she came in contact.

In 1939 Mrs. Doyle came to the agency office to ask for help in managing her budget. She had read a recent article in the paper which mentioned this as one of the services of the agency. She wanted it understood that she was not asking aid and never had (which was untrue as she had received aid from other agencies in the past), but was merely asking for advice as to how to handle her money more wisely.

Mrs. Doyle seemed to fear that some one would see her coming into the agency office, and also refused to have a visitor call at her house, fearing that the neighbors might see her and talk about it. Mrs. Doyle was brought up for the most part of her childhood by two rather domineering and exacting maiden aunts. Her relationships with her mother and father were dwarfed by those with her aunts, however, as she seemed to fear what they would think of her. Even after her marriage they handled some of her affairs, and Mrs. Doyle was terrified for fear that her aunts would discover that she was coming to the agency for help.

Mrs. Doyle had seven children, and admitted that none of them knew the true situation, and that she had always tried to keep the fact that they did not have much money from them. She had also lived in fear that her children would discover that her husband sometimes did beach combing to get some extra money for their needs, as this was a fact that she considered a terrible disgrace.

Several of Mrs. Doyle's brothers and other members of her family had died of tuberculosis, and the client was so ashamed of this fact that it was impossible for the agency worker to get her to discuss it, although there was some just cause for believing that one of her daughters should have a physical check up.

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The agency did not have much contact with the family, except an occasional meeting with Mrs. Doyle on the street. Whenever the agency worker did meet Mrs. Doyle by chance, however, the client always gave a hasty greeting and then left as she said that she was so afraid that someone she knew would see them and think that she was receiving aid. Several years later, in 1945, the client again contacted the agency, as she was disturbed about her husband, whom she declared was having an affair with a sixteen year old girl.

Mrs. Doyle continually kept coming into the agency bringing insignificant bits of information which she interpreted as evidence of her husband's infidelity. She was vague about giving details, as she was either unable to bring herself to tell the facts or she wished not to disclose some of the things that she knew.

The girl that Mrs. Doyle was complaining about was the eldest in a family where the mother had been in a mental hospital for several years. It was felt that possibly the children in this family were not being given enough supervision and that it would be best to refer the case to the Society for the Prevention of Cruelty to Children for investigation. Mrs. Doyle was very hesitant about talking to the worker from the Society for the Prevention of Cruelty to Children because she was afraid that someone would think that there was a question of her own children being neglected. Finally she decided to see the worker at the office of the Family Service Association, as she did not mind going there quite so much.

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situation, just "a look that she had seen in the girl's eyes," or the fact that she stayed a great deal at the husband's repair shop until Mrs. Doyle made a complaint to the girl. Mrs. Doyle refused to speak to her husband, and made a complaint that there was something the matter with the "whole country" when a sixteen year old girl could break up a home.

Finally, Mrs. Doyle, tried to persuade her husband to go to a psychiatrist, as she felt that he needed help. Mrs. Doyle went to several physicians and one neurologist who suggested that she see a psychiatrist, but she thought that they wished her to see a psychiatrist to discuss her husband. Mrs. Doyle had no insight into the situation and did not realize that part of the difficulty was the result of her own suspicious and jealous attitude.

In analyzing the case it was felt that Mrs. Doyle's problems could have been lessened by treatment at an Adult Mental Hygiene Clinic. In all probability she would only have consented to attend a psychiatric clinic with the idea that she was going to discuss her husband, as she had become firmly convinced that he was in need of treatment.

Mrs. Doyle showed many paranoid tendencies in her attitudes as she felt that everyone was concerned with her personal affairs, that people would watch who she talked with on the street and who came to her house. She was also afraid that someone might see her going into the office of a social agency. The only member of the family that Mrs. Doyle was willing to have the agency talk to was a cousin of her husband's, who was a reliable informant and one whom the agency worker had previously met. Mrs. Doyle was extremely apprehensive about prospective talks with



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any of the children because she claimed that they sided with the father, or with anyone else in the family. The cousin described Mrs. Doyle as difficult to get along with, and always of an extremely jealous and suspicious nature. He said that the children always preferred their father, as he was opposite in disposition.

Mrs. Doyle had a personality defect of long standing apparently fostered by a neurotic dependency on two aunts. Her immaturity and inability to face situations and reality squarely may have been the result of her failure to emancipate herself from her family, and extricate herself from the domination of her aunts who had doted on her since childhood. A few psychiatric interviews might have alleviated the stress of the immediate situation which was disturbing her, but long time treatment undoubtedly would have been necessary to dilute some attitudes which were the basis of her self-centered and querulous nature.

#### CASE 4.

The fourth case illustrates the problems of a girl who showed definite maladjustments in her adolescent and early adult years, then seemed to show great improvement after treatment by an agency case worker, only to relapse into neurotic symptoms which appeared later following an unhappy and unfortunate marriage.

Eileen was referred to the agency in 1934 by the supervisor at the Civil Works Administration where she was employed. The supervisor was interested in her because she felt that she needed much supervision and direction primarily because she was missing so much work on account of excessive drinking. Eileen was twenty-three years old at the time, and the supervisor felt that something should be done to help her, especially since she apparently had no one in her family who was reliable and took an interest in her.



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The agency discovered that Eileen's mother had had a long time terminal illness, and that Eileen had stayed at home to care for her, leaving high school in the second year. The rest of the family, two sisters and one brother, continued with their education, and all seemed to be well adjusted emotionally and economically. Eileen, however, had a history of drinking and going out with undesirable young men since the age of fifteen. She did not have the opportunity or the education to go out and earn money as her siblings did, and therefore was rather shunned by the rest of the family. The other sisters did not make a chum of Eileen, and dressed much better than she did and went with their own friends. Eileen had to make her own social contacts, and always made the most undesirable ones.

Shortly after the referral of the girl to the agency it was learned that she was pregnant, and the Massachusetts Society for the Prevention of Cruelty to Children took over the case, arranging for her pre-natal and maternity care. At five months, she had a miscarriage, however, and following hospitalization obtained work as a domestic. She did not wish to remain in the home with her father who drank excessively and who she realized was not a good influence for her to remain with. She did very well as a domestic, but the family she obtained work with could not afford to keep her. The agency was keeping in close touch with Eileen at this time, but since there was no work for her to do at the moment, the only alternative seemed for her to return home to her father. After she was there for a while, however, she got in touch with the agency worker saying that she was drinking again and could not keep sober if she stayed at home.

Eileen obtained a job as a maid in a home with six children, and seemed to do very well. She did not drink at all for a while, and then had a slight upset and lost her job. Following this she met a young man who became interested in her, but told her that he was going to discontinue acquaintance if she ever drank too much. Eileen seemed to be like a new girl after she met him, and finally after several years courtship married the man against the wishes of her sisters, who did not care for him because he was of a different religion.

Eileen was married in 1939, and the agency had occasional friendly contact with her. At first she seemed to be happy and contented in her marriage, but after a couple of years of married life her husband started to drink excessively. He became very abusive to her and she gave stories of a very miserable married life. She went to the probation office and told them her story. The worker at the probation office however, felt that Eileen was developing symptoms of a psychiatric disorder, and that she was definitely in need of treatment. For a while there was some question of her taking narcotics, but nothing was ever proved about it. No one had any evidence of her starting to drink again, although her husband drank excessively.



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It is interesting to note that although Eileen was a maladjusted girl who drank, was promiscuous, and need guidance and supervised care, she showed some improvement during her treatment by the agency worker, and showed an even more definite improvement after she met her husband. He seemed to demand that she give up alcohol, and gave her the real incentive to pattern her behavior along more socially acceptable lines. Following her marriage to this same man, however, it seemed that the situation reversed itself, and he was the one who drank excessively. It is not known during this period if Eileen also drank, but she did show other signs of a neurotic disturbance. She acted queerly when she went to the probation office, and said that her husband kept threatening to put her away. She was evasive when she met the agency worker, had lost a great deal of weight, and looked rather physically ill. She said that she was afraid to go to a doctor, and could not be persuaded to do so, as she was afraid that he might know that she once had an illegitimate child.

Eileen showed symptoms of a basic disorder of personality in the early years of her life, but seemed to be able to make an adjustment to it later, and conduct herself in a satisfactory and acceptable way. As soon as environmental stresses again became pressing, however, she succumbed to realistic difficulties, and again showed neurotic symptoms of a slightly different nature.

It seemed that all of her life she had been a person whose stability depended on the external circumstances of her surroundings. She got along apparently well until her mother died, and then followed her father's pattern of over indulgence in alcohol. Following that she was in a congenial situation which she reacted to excellently, but unfortunately this could



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not be continued because her employer could not afford to continue with her services even though her work was satisfactory. Eileen again returned to her father to establish a pattern of drinking and promiscuity that was felt to be almost impossible to change. She recovered from this, however, but it was a longer and slower process than her former successful adjustment. She had several lapses during this struggle against circumstances and her own weaknesses and inadequacies, but responded fairly well to treatment by the agency worker.

When she met her husband she showed a steady and marked improvement, and was not only willing, but anxious to live up to his demands of her. She refused to take a drink and was supremely happy with him during the years of their courtship and early marriage. Little is known about the circumstances of these years, because at that time Eileen was so well adjusted that agency contact was not necessary. As soon as the environmental situation again became a difficult one, Eileen had repeated emotional upsets, however, and the help of a psychiatrist at that time could have probably been useful to her.

Eileen showed in her past relationships with the agency worker, that she was anxious to make a relationship to a person and improve herself in her desire to win their approbation. This explained somewhat her improvement during the treatment with the agency, and her improvement due to her desire to please the young man whom she later married. After her improvement however, there was nothing further for her to do to keep on winning the approbation of her husband.

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Following this period of mutual disillusionment the husband started to drink, and Eileen was again faced with a reality situation that she did not have the basic stability to cope with. Previously she had been able to relate herself to a social worker in such a way as to bring about a desire in herself to improve, in order to win the "love" of the worker. Now, she had no incentive to form such a relationship because it was not her own improvement that would have been the goal, but the improvement of her husband.

In view of her past attempts to adjust to her situation and overcome her own shortcomings, it would be a safe wager that she would not have needed long time treatment at a psychiatric clinic, but could have been benefitted by a few interviews, in which she might have been able to make a decision as to what to do about her marital situation. Treatment also would have helped to ease some of her guilt feeling about her former illegitimate pregnancy which was beginning to assume large proportions in her own mind, and cause her much shame. Long time analytic treatment might have reached her deep seated disturbances and strengthened her ego and super ego structure which apparently had not been developed sufficiently to enable her to handle the demands of the id.

#### CASE 5.

The agency did not have as complete a contact with Mrs. Boudreau as they had with the previous four cases, but external facts indicated that this client was also in need of specialized treatment for neurotic difficulty because her marital problems resulted in a nervous breakdown. This breakdown was apparently not a severe one, and lasted only a few weeks, but the basic disorder remained, and her adjustment with her husband



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showed no improvement.

Mrs. Budreau was referred to the agency by a friend, a former client, and came to the office by appointment to discuss her marital problems with the social worker. The marriage had been a forced one and she said that her husband had never been a good provider and was inclined to shift from one job to another.

To make matters worse in the past years, he had been drinking heavily and had also been taking out other women, she believed. Mrs. Budreau gave a long story of disagreements with her husband over rather small inconsequential details. He was never abusive to her, provided her with money regularly, but she objected because he drank so much and was out of the house all the time with friends whom she did not approve of. Mrs. Budreau did not respond very well to suggestions of the worker, and said that she herself had been feeling ill, and mentioned the name of several doctors and a chiropractor that she had been to.

The client also said that a few weeks before her interview that she had had a nervous breakdown, and that her husband had been very upset by it and had admitted to the doctor that the trouble had been the result of his heavy drinking.

Mrs. Budreau had been examined by several doctors, all of whom told her that her rather vague complaints were due to nerves, and that she should straighten out her marital situation in order to avert a serious breakdown. She was also examined at the Lahey Clinic and had an interview with the psychiatrist there, who also told her that her troubles were wholly due to nerves.

The agency record does not include enough information to speculate about the basis of Mrs. Budreau's neurosis, but her vague symptoms of physical discomfort, which the social worker could not get her to describe specifically, and which seemed to have no organic basis, were concrete evidence of neurotic manifestations which might have been handled most beneficially by a psychiatrist.



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## CASE 6.

The sixth case, that of the Caldwell family, was only a short time service case, but Mrs. Caldwell's attitudes indicated superficially at least, the need of psychiatric examination and possible treatment.

Mrs. Caldwell came to the office asking help in finding a temporary boarding home for her baby, who had been in the Children's Hospital, and was to be discharged. She could not care for him as she and her husband were separated and she was living in a rooming house. The agency has no child placing function, but called the North Shore Babies' Hospital, and found that they had a vacancy and would be willing to take the child. Worker told Mrs. Caldwell that she and her husband would have to make their own arrangements about board, payment, and so forth when they took the baby to the hospital that evening. Mrs. Caldwell was very tense during the interview, her hands shook noticeably, and she was evidently under extreme tension.

Later Mr. Caldwell telephoned for an appointment at the agency which he later kept. He said that he was much disturbed about his wife, and felt that she was really mentally ill. He said that recently she went to his room, undressed herself and threw herself on the couch, telling him that if he wanted to get rid of her he would have to call the police. He said that he had known that she was married before and divorced, but really was at fault because he had not looked up the facts of the true situation. Later he discovered that her husband had been given custody of the children, and that that in itself was enough of an indication that something was wrong about her. Mr. Caldwell claimed that after he married her he also discovered that she had had an illegitimate baby the year before, but the baby had died.

The man claimed that he made an attempt to get along with his wife, but that she was very difficult. For instance he bought a turkey for Thanksgiving, which she refused to stuff after he had cleaned and prepared it. He made the stuffing and his wife picked it up to put it in the oven. It was so heavy that she dropped it however, and this made her so angry that she kicked it across the room, then picked it up and threw it in the garbage. At Christmas time, Mrs. Caldwell also made a similar scene.

The Massachusetts Society for the Prevention of Cruelty to Children said that they had known the case of Mrs. Caldwell was definitely "queer" although she had come from a nice family. She had had three illegitimate children before her first marriage, and had had a reputation of hanging around in beer parlors. She worked in one, and slept there in a room back of it, never leaving the place for weeks at a time.



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Mrs. Caldwell was obviously maladjusted, and did not conform her life to socially acceptable standards. She had told her husband that she was willing to go to a psychiatrist, but he did not have the money to afford it. Her behavior was along such lines as to indicate that her non-conformities were symptoms of a very deep underlying disorder, and the only possible treatment for her in their financial circumstances would have been that offered in a clinic. The record does not give any information about Mrs. Caldwell's early life, except that she came from a "nice family" but she had three illegitimate children before her first marriage, then married and divorced, and custody of her children was given to the father. Following this she had another illegitimate child who died, and then married again but did not get along with her husband for more than a few months. It would be difficult to say just how much a psychiatric clinic which was not equipped to give long time intensive treatment would have done for this woman, whose difficulties seemed to be the result of a long established pattern of behavior.

#### CASE 7.

The seventh case was that of a disturbed mother who left her home and children without any notice on one occasion for seven months, and then left them again shortly after her return for several more months. In between these absences she was depressed, made suicidal threats and at times had violent tempers. Before marriage she had been brought into court by her mother on a charge of stubbornness because she had insisted on marrying her husband, and had been sent to the House of The Good Shepard for a while, but when she was discharged from there she had married her husband in spite of all of her mother's attempts.



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This client was said to have never gotten along well with her mother, and has probably fostered a good deal of resentment toward her, and has harbored much aggression which she has many guilty feelings about. Her suicidal threats may be only a dramatic attempt to gain sympathy, but on the other hand there is a possibility that they may be a symptom of this pent up aggression turning inward so that she may some day feel the need of acting out her aggressive impulses on herself. Suicidal threats are serious, at any rate, and should come to the attention of a psychiatrist who can best determine whether they are of a serious nature, and whether the patient needs treatment.

#### CASE 8.

The next case of Mary F. was one which the agency knew little about. It was referred by the family doctor, who had taken care of Mary's mother during her last illness and was referring the case because Mary had a nervous breakdown following her mother's death. The other sister who was supporting the family had to stay at home from work and take care of Mary. Before the agency could go in on the case the sisters found that they had enough money to carry on for a while without receiving aid. Mary, however, might have benefited by some treatment at a psychiatric clinic. She had always stayed at home, never mixed socially, was said to be shy and had few interests. Apparently she was very dependent upon her mother, and had never completed her emancipation from her parent. When her mother died, she immediately let herself go, and had a nervous breakdown. Possibly she may resented her dependence upon her mother and her inability to emancipate herself, and had an overwhelming sense of guilt and subsequent depression because of her unconscious aggressive wishes against her



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mother. A more complete anamnesis would be necessary before any amount of speculation could be done about the underlying basis of her breakdown, but the fact remains that if a psychiatrist clinic had been available in the community this woman would have been a case which the doctor or the social worker probably would have felt would benefit by treatment such as they offered.

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The ninth case was that of a woman in her early sixties who came to the agency asking for help in finding a position as housekeeper. She had gone from place to place working for very short periods of time, and it was discovered that in each place she left because of her personality which was a very difficult one to cope with. She was domineering, bossy, and did not do satisfactory work because many times she would refuse to do what her employers asked of her. She objected to cats in the house as she was afraid of them, got peculiar notions about her food, and because of an underlying personality defect could not adjust in any situation. A clinic equipped to give only short time therapy may not have been able to change her basic attitudes, but a psychiatrist might have been able to help her to adjust better to environmental situations if he was able to establish a good rapport with her. In each place that she worked her employer considered her definitely peculiar and a possible case of mental sickness.

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The last case, the Hunt case had been known to the agency since 1928. The family were first referred to the agency because of a need for aid, and because of marital difficulties. Case work services and aid were



continued off and on since this time, and Mrs. Hunt has kept up a friendly contact with the agency seeming to welcome the supportive treatment of the agency worker. Mrs. Hunt became upset about her son Kenneth, who had a nervous breakdown while studying and working, and was sent home from the job. This upset did not seem to last more than a few weeks, following which he returned to his position. He had had a history of stomach trouble previously, however, and this would indicate symptoms of a basic neurotic disorder in an apparently intelligent person who was able to adjust to it fairly well. It would seem that from the symptoms that Kenneth was showing, that some preventive work of a psychiatrist was indicated if it had been available, because it would not be possible for the social worker to predict his later adjustments. He has shown a tendency to neurotic disturbances indicated by his stomach trouble, and further indicated by his nervous breakdown which forced him to give up work for a few weeks. If he has no difficult emotional strains in his environment in later life, he may go through life without another neurotic episode. If he is subject to many stresses, however, he may have a more serious breakdown, and it seems that some preventive work would be indicated here to give him some stability which he can draw on in later crises.

The discussion of these cases has served to indicate the varying degrees of need of these clients for treatment in a psychiatric clinic. Some of the clients discussed may go through life without any further manifestations or psychotic disorder. Realistically, however it must be recognized that there is not so much that can be done with those patients who have already developed a full blown psychosis, or a psychoneurosis



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that is so severe as to handicap the person in his everyday living relationships. Such cases usually require adequate custodial care and treatment within an institution, and there is little that the clinic psychiatrist can do but recommend this. On the other hand, the clinic is meeting a challenge in accepting speculative cases which are showing early symptoms of neurotic disorder. They would prefer to have this type of patient referred to the clinic for treatment, because in this way they can better carry on their preventive function.

It has already been pointed out that social workers cannot conscientiously make up their minds what the prognosis of a case of neurotic behavior will be, and on that basis decide whether to refer it to a clinic for the treatment of a psychiatrist. It should be mentioned that cases of an acute nature could be treated by a private psychiatrist, as there are several excellent ones in the community, or could be examined at a Boston clinic. However, neither the private psychiatrist nor the out of town clinic answers the need of the community; the former because of the expense, and the latter because of the long distance to be traveled, particularly if the patient had to report regularly for treatment.

The use of psychiatric clinics within the community has long been an established and important part of preventive medicine, and without doubt they will be reopened when availability of doctors will permit.

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## CHAPTER VI.

## SUMMARY AND CONCLUSIONS

This study was written in an attempt to show case work problems that typically present themselves to a family society in a city of approximately 40,000 people. It was felt that by studying all of the cases that came to the attention of the family society during the course of one year, some picture would be gained of some of the actual social problems prevailing in a community, as well as a picture of how the community takes care of its problems, and what specific services and skills are available for this purpose.

The study included a background history of the family agency studied from its very first organized meeting, and pointed out some of the changing trends in its philosophy of social case work. It showed how the earliest ideas of friendly visiting, almsgiving, and environmental manipulation, which constituted the treatment at the turn of the century, gave way to the newer concepts of specialized case work treatment of underlying personality difficulties.

It would be very difficult, if not impossible, to evaluate with any degree of accuracy, the actual contribution that a good family society makes to the individuals within the community and to the community itself. The writer can conclude after completing this study, however, without any reservation or apologies, that the existence of such a family agency in the community since 1891 has been of untold value to the community, and to the individuals who have benefited directly or indirectly by its services. Family societies such as the one that has been studied, and many others



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throughout the nation, have been ever ready to pioneer in community betterment, and in improved techniques of giving service to human beings in the attempt to restore peace, sanity and the natural worth of human living.

An attempt to depict case work problems occurring in a certain community would not be complete without giving a picture of the community itself, and the resources which it contained for the treatment of the needs that arose. The third chapter gave a generalized discussion of the physical aspects of the community, with some mention of its social and economic structure and its interesting historical background. In the Appendix the reader will find a list of charts copied from those compiled by the agency where this study was conducted. These charts were compiled in 1937 for agency and community use, and were currently revised for use in this thesis. The study of the community resulted in a picture of very complete community resources except for one or two lacks which will be brought out later in this chapter.

Analysis of the schedules showed that the cases that come up during the year presented a variety of problems, and were referred from a number of different sources. Most prominent among the reasons for the original referral to the agency was the need for aid which constituted 31%, or almost one third of the total case load. The next most prominent problem, was one closely allied to the need for aid, and included 10.7% of the cases classified as those needing financial advice. This number would include those who needed budget counseling as well as those who wished advice concerning realty or personal property.

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relief giving, and their function is gradually being recognized as one of case work services designed to treat personality disorders in which the need for relief may or may not be a symptom. As divorce rates increase and marital problems are looming large in the horizon after a period of war-torn years, it is not surprising that the need for counsel on marital problems comprised 5.9% or almost 6 % of the entire case load. In addition, 10.7% of the total number of clients were either separated or divorced. These figures are of sufficient importance to warrant emphasis, as this is a problem that is assuming such large proportions that it is becoming a matter of national concern. Here is a way in which family societies can and do contribute toward human welfare in a large degree. As the problem increases, however, family societies will have increasing difficulty in meeting its challenge. From a study of the challenges that such societies have met in their years of early development, however, one gains a confidence that they can and will live up to their past achievements in this most menacing problem.

Also numbered among the original referrals were nine requests for boarding homes for children, which amounted to 5.3% of the total requests. This was interesting because the agency does not include child placing among its functions, and there is no agency in the community that carries on this function except the Catholic Charities Center which provides only for Catholic children.

Since the study also attempts to point out some of the social needs of the community and the number of cases which were not treated because of lack of adequate resources to meet the problems which prevailed during the year studied, there has been previous mention of this need for a child



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Since the study also attempts to point out some of the social needs of the community and the number of cases which were not treated because of lack of adequate resources to meet the problems which prevailed during the year studied, there has been previous mention of this need for a child



placing agency which was found to occur in four cases during the year. The nine cases with requests for child placing service at referral were tabulated as the reasons for original referral to the agency and may have taken place several years before 1945, which was the year selected for study of the cases. This is the reason for these nine cases not being included in the number which were said to have had treatment held up or not completed because of lack of adequate resources. The four that were included in this category were those in which the problem definitely came up during that year.

The need for a child placing agency has received a great deal of discussion in social service circles in Salem, and the community is cognizant of the fact that there are no adequate provisions for carrying on this service. All of the social agencies have discussed possible solutions for this problem at various meetings. Because of the close cooperative relationships among agencies which has been apparent in many instances throughout the preceding study, and because of the excellent community awareness of social needs, it is the writer's opinion that adequate provision will soon be made for proper child placing service.

Emotional problems at present are considered more important than they have ever been before, and are known to be the basis of physical illness and all types of social maladjustment. Each day brings forth further discussion and discovery on the importance of emotions and research is being carried on most extensively in this field. Therefore, it is evident that this community is considerably handicapped by the lack of facilities for psychiatric treatment of adults in a clinic at nominal fee or free of charge. This study uncovered that the lack of a mental hygiene clinic



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was the most prevalent unmet need in the community. There had formerly been clinics to fill this need, but these were discontinued during the war because of shortage of personnel. A discussion of ten cases which the writer felt illustrated the need of treatment at a clinic of this type pointed out that the function of such a clinic is mainly preventive, and for this reason important to the welfare of the community as a whole.

There is so much discussion now going on about improvements to be made in the field of mental health, that the writer may also venture to guess that this lack of psychiatric service in a community setting of this type will soon be remedied. It has been pointed out that the clinic was discontinued during the stress of the war years, but this does not lessen the need for its services, and in fact may have increased the need. The work of such clinics is primarily preventive, and progressive communities such as the one under study are always more interested in preventive measures rather than remedial ones. This study included a discussion of typical cases that came up during one year that could have used psychiatric treatments, and the writer feels that the community will soon become aware of this problem and make an attempt to provide some adequate psychiatric services.

It is true that this study may have brought out some of the unmet needs in the community, but it is equally true that it has brought out far more emphatically than the writer was initially aware of that the community has always striven to meet its needs and has always put forth united, cooperative and intelligent effort to meet problems in an adequate and realistic way. It is much to the credit of the community that most of the difficulties encountered in treating case work problems were



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due to war time pressures and shortages. With the splendid record of the community and of the agency studied, which has always been a pioneer in programs of social betterment, the way is now pointing toward forward goals for effective treatment. New facilities and renewed effort will be more necessary than ever before during the post-war rehabilitation years that are ahead.

Approved

*Richard K. Conant*

Richard K. Conant, Dean

a. Clinics

b. Clubs

c. College Alumni

d. Funds

e. Designations

f. Libraries

g. Parent Groups

h. Schools

i. Study and Publicity Groups

j. Teachers' Groups

k. Vocational Education

#### 4. HEALTH

a. Camps

b. Clinics

c. Dentists

d. Funds

e. Hospitals

f. Inspections

g. Nursing

h. Physicians

#### 5. INSURANCE

#### 6. LEGAL

#### 7. MERCHANTILE AND INDUSTRIAL

#### 8. PERSONAL FINANCE

#### 9. RECREATIONAL

#### 10. RELIGIOUS

#### 11. SOCIAL SERVICE

a. Community Service

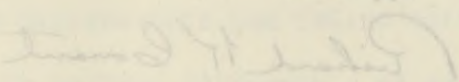
b. Family Service and Relief

c. Group Work

d. Institutional and Foster Care

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Approved



Richard E. Conant, Dean



## APPENDIX

I. A copy of the Community Resource Charts of Salem, Massachusetts, compiled by the Family Service Association for their Community Resource file.

## Chart 1. BENEVOLENT

## " 2. CIVIC

## " 3. EDUCATIONAL

- a. Clinics
- b. Clubs
- c. College Alumni Groups
- d. Funds
- e. Immigration and Americanization
- f. Libraries
- g. Parent Groups
- h. Schools
- i. Study and Publicity Groups
- j. Teachers' Groups
- k. Vocational Education

## " 4. HEALTH

- a. Camps
- b. Clinics
- c. Dentists
- d. Funds
- e. Hospitals
- f. Inspection
- g. Nursing
- h. Physicians

## " 5. INSURANCE

## " 6. LEGAL

## " 7. MERCANTILE AND INDUSTRIAL

## " 8. PERSONAL FINANCE

## " 9. RECREATIONAL

## " 10. RELIGIOUS

## " 11. SOCIAL SERVICE

- a. Community Service
- b. Family Service and Relief
- c. Group Work
- d. Institutional and Foster Care

# APPENDIX

1. A copy of the Community Resource Charts of Salem, Massachusetts, compiled by the Family Service Association for their Community Resource file.

Chart 1.	RECREATION
2.	CIVIC
3.	EDUCATIONAL
a.	Clinics
b.	Clubs
c.	College Alumni Groups
d.	Funds
e.	Immigration and Americanization
f.	Literaries
g.	Parent Groups
h.	Schools
i.	Study and Publicity Groups
j.	Teachers' Groups
k.	Vocational Education
4.	HEALTH
a.	Camps
b.	Clinics
c.	Dentists
d.	Funds
e.	Hospitals
f.	Inspection
g.	Nursing
h.	Physicians
5.	INSURANCE
6.	LEGAL
7.	MERCANTILE AND INDUSTRIAL
8.	PERSONAL FINANCE
9.	RECREATIONAL
10.	RELIGIOUS
11.	SOCIAL SERVICE
a.	Community Service
b.	Family Service and Relief
c.	Group Work
d.	Institutional and Foster Care



## CHART 1. BENEVOLENT

American Red Cross  
 Salem Chapter  
 Committee on Braille

Business & Professional Women's Club

Churches  
 First Church Guild  
 First Universalist Church  
 Gamma Sigma Chi

Kiwanis Club  
 Boys' and Girls' Work Committee

Rotary Club  
 Youth's Work Committee

Rotary Women

Sewing Circles  
 Busy Bees  
 Cheerful Workers  
 Thread & Needle

Thought & Work Club  
 Philanthropic Committee

Zonta Club

Salem Women's Club  
 Community Service Committee  
 Sub-Committee for Service to the Blind

\* Out of town organization

CHART 1. BENEFICIARY

American Red Cross  
Salem Chapter  
Committee on Braille

Business & Professional Women's Club

Churches  
First Church Guild  
First Universalist Church  
Gamma Sigma Chi

Kiwanis Club  
Boys' and Girls' Work Committee

Rotary Club  
Youth's Work Committee

Rotary Women

Sewing Circles  
Busy Bees  
Cheerful Workers  
Thread & Needle

Thought & Work Club  
Philanthropic Committee

Santa Club

Salem Women's Club  
Community Service Committee  
Sub-Committee for Service to the Blind



## CHART 2. CIVIC

Chamber of Commerce  
Civic Division

## Clubs

Franco-American Federation  
Italian-American Club  
Polish-American Citizen's Club  
St. John's Polish Society

## Political

Men's Democratic Club  
Franco-American Republican Club  
National Union for Social Justice  
(Sixth Congressional District)\*  
Salem Women's Democratic Club  
Salem Women's Republican Club  
Witch City Republican Club

Essex County Jewish Civic League

North Salem Civic Club

Salem Planning Board

Salem Community Council

Community Fund

Veteran's Administration

\* Out of town organization

# CIVIC

Chamber of Commerce  
Civic Division

Clubs  
Franco-American Federation  
Italian-American Club  
Polish-American Citizens' Club  
St. John's Polish Society

Political  
Men's Democratic Club  
Franco-American Republican Club  
National Union for Social Justice  
(Sixth Congressional District)\*  
Salem Women's Democratic Club  
Salem Women's Republican Club  
Watch City Republican Club

Essex County Jewish Civic League

North Salem Civic Club

Salem Planning Board

Salem Community Council

Community Fund

Veteran's Administration

\* Out of town organization



## CHART 3. EDUCATIONAL

Clinics

Speech Teacher

(See Child Guidance Clinic  
listed under Health)Clubs

Hard of Hearing

American Society for the Hard  
of Hearing \*Lynn League for the Hard of  
Hearing \*College Alumni Groups

Boston College Club

Bowdoin Club of Essex County

American Assn. of University

Women--North Shore Branch \*

North Shore Boston University Club

North Shore Brown University Club

North Shore Tufts College Club

Salem Club of Northeastern

University

Salem Smith College Club

FundsBoard of Trust Function Commiss-  
ioners, Scholarships,  
Lectures & Library

Kiwanis Club

Scholarships

Mack Industrial School

Scholarships

Rotary Club

Student Loan Committee

Salem Rotary Educational Trust

Salem Society for the Higher

Education of Women

Scholarships

Saltonstall School Fund

Immigration & Americanization

American Legion

Committee on Americanization

Franco-American Federation Committee  
on Naturalization & Americani-  
zation

State Department of Education \*

Division of Americanization  
and Immigration

\* Out of town organization

Libraries

Athaneum

Essex Institute

Salem Public Library

Parent Groups

A. A. Low School Association

Bowditch School and

Home Association

Endicott Parent Teachers Assn.

Salem Mother's Club

Saltonstall Parent Teachers  
AssociationStudy and Publicity

American Public Welfare

Association \*

American Social Hygiene Assn. \*

Birth Control League of Mass. \*

Family Welfare Assn. of  
America \*Mass. Assn. for Childhood  
Education \*Mass. Society for Mental  
Hygiene \*Mass. State Conference of  
Social Work \*

State Department of Education \*

Division of the Blind

State Department of  
Public Health \*

Thought &amp; Work Club

Educational Committee

Social Work Publicity Council

Teachers' Groups

Salem Teachers' Association

Vocational EducationFamily Welfare Society  
of Boston \*

Vocational Consultant

Kiwanis Club

Vocational Guidance Committee

State Dept. of Education

Division of Vocational  
Education

Rehabilitation Section



CHART 3. EDUCATIONAL

<u>Libraries</u> Athens Essex Institute Salem Public Library	<u>Clinics</u> Speech Teacher (See Child Guidance Clinic listed under Health)
<u>Parent Groups</u> A. A. Low School Association Bowditch School and Home Association Endicott Parent Teachers Assn. Salem Mother's Club Saltonstall Parent Teachers Association	<u>Clubs</u> Hard of Hearing American Society for the Hard of Hearing * Lynn League for the Hard of Hearing *
<u>Study and Publicity</u> American Public Welfare Association * American Social Hygiene Assn. * Birth Control League of Mass. * Family Welfare Assn. of America * Mass. Assn. for Childhood Education * Mass. Society for Mental Hygiene * Mass. State Conference of Social Work * State Department of Education * Division of the Blind State Department of Public Health * Thought & Work Club Educational Committee Social Work Publicity Council	<u>College Alumni Groups</u> Boston College Club Bowdoin Club of Essex County American Assn. of University Women--North Shore Branch * North Shore Boston University Club North Shore Brown University Club North Shore Tufts College Club Salem Club of Northwestern University Salem Smith College Club
<u>Teachers' Groups</u> Salem Teachers' Association	<u>Funds</u> Board of Trustees' Education Com- mittee, Scholarships, Lectures & Library Kiwanis Club Scholarships Mack Industrial School Scholarships Rotary Club Student Loan Committee Salem Rotary Educational Trust Salem Society for the Higher Education of Women Scholarships Saltonstall School Fund
<u>Vocational Education</u> Family Welfare Society of Boston * Vocational Consultant Kiwanis Club Vocational Guidance Committee State Dept. of Education Division of Vocational Education Rehabilitation Section	<u>Immigration &amp; Americanization</u> American Legion Committee on Americanization Franco-American Federation Committee on Naturalization & American- ization State Department of Education * Division of Americanization and Immigration * Out of town organization



EDUCATIONAL, Continued

Schools

Academic

- Private Schools
- Parochial Schools
- St. Chretienne Academy
- Hebrew Community Center

Public

- Elementary Schools
- Evening Schools
- Salem Classical & High School
- Summer School

Attendance Officer

- Backward & Feeble-minded
- Center School
- Department of Mental Health
- Walter E. Fernald School \*
- Wrentham School \*

Blind

- Perkins Institution \*
- Sight Conservation Classes

Commercial

- Salem Commercial School

Crippled

- State Department Public Welfare
- Mass Hospital School,  
at Canton \*

Deaf

- Beverly School for the Deaf \*

Defective Delinquent

- Bridgewater State Farm \*

Nursing

- Salem Hospital School of Nursing
- North Shore Hospital for Babies  
(Training for Nursery Maids)

Protection

- Bethesda Society, Boston \*
- Orchard Home School, Waverly \*

Reform

- Essex County Training School \*
- Plummer Farm School
- State Department of Public Welfare
- Industrial School for Boys \*
- Industrial School for Girls \*
- Lyman School for Boys \*
- Mass Reformatory \*
- Women's Reformatory \*

- School Committee
- Superintendent of Schools
- Trade Schools

- Beverly Trade School \*
- Essex County Agricultural School \*
- Farm and Trades School \*

Vocational

- Vocational High School

\* Out of town organization

Schools

Academic

Private Schools  
Parochial Schools  
St. Christopher Academy  
Hewitt Community Center

Public

Elementary Schools  
Evening Schools  
Salem Classical & High School  
Summer School

Attendance Officer

Backward & Remedial  
Center School  
Department of Mental Health  
Walter E. Fernald School \*  
Wrentham School \*

Blind

Parkins Institution \*  
Sight Conservation Classes

Commercial

Salem Commercial School

Crippled

State Department Public Welfare  
Mass Hospital School,  
at Canton \*

Deaf

Beverly School for the Deaf \*

Defective Delinquents

Bridgewater State Farm \*

Nursing

Salem Hospital School of Nursing  
North Shore Hospital for Babies  
(Training for Nursery Nurses)

Protection

Bathesda Society, Boston \*  
Orchard Home School, Waverly \*

Below

Essex County Training School \*  
Finner Farm School  
State Department of Public Welfare  
Industrial School for Boys \*  
Industrial School for Girls \*  
Lyman School for Boys \*  
Mass Reformatory \*  
Women's Reformatory \*

School Committee  
Superintendent of Schools  
Trade Schools

Beverly Trade School \*  
Essex County Agricultural School \*  
Farm and Trades School \*

Vocational

Vocational High School



## CHART 4. HEALTH

Camps

Boy Scouts of America  
 North Shore Council  
 Camp Worshobo  
 Boxford Camp \*  
 (Operated by North Bennett  
 Street Industrial School)  
 Seamen's Orphan and Children's  
 Friend Society Summer Day camp  
 Clara Barton Camp (Diabetic Children)\*  
 Day Camps  
 Girl Scouts  
 Camp Scout Haven  
 Outdoor Camp  
 Recreational Day Camp  
 Y.M.C.A. Island Camp  
 Essex County Health Association\*  
 Essex County Health Camp  
 Girl Scouts  
 Camp of the Four Winds\*  
 Camp-in-the Pines\*  
 Camp Weetamoe\*  
 Camp Wingarsheek\*  
 N.E. Deaconess Association\*  
 J.W. Wilbur Health Home\*  
 Salem Association for Prevention  
 of Tuberculosis  
 Salem Fraternity  
 Rowley Camp\*

Clinics

Board of Health Clinics  
 Chadwick Clinic (Operated by  
 Essex Sanatorium)  
 Dental Clinic  
 Schick Test (Diphtheria)  
 Vaccination Clinic (Smallpox)  
 Danvers State Hospital Clinics\*  
 Out-Patient (City Hall, Salem)  
 Harvard Infantile Paralysis Commission\*  
 Children's Hospital Out-Patient Dept.\*  
 Infantile Paralysis Clinic\*  
 Judge Baker Guidance Center\*  
 Lahey Clinic\*  
 Lydia E. Pinkham Baby Clinic  
 N.E. Deaconess Hospital\*  
 Cancer Clinic  
 George Baker Clinic for Diabetics  
 Goiter Clinic

Clinics, Continued

Salem Association for the  
 Prevention of Tuberculosis  
 Diagnostic Clinic  
 Tuberculosis Clinic  
 Salem Hospital Clinics  
 Crippled Children  
 Dietary  
 Massage  
 Medical & Surgical  
 Orthopedic  
 Pre-Natal  
 State Department of Mental Health  
 Division of Mental Hygiene  
 Adult Mental Hygiene\*  
 Salem Child Guidance Clinic  
 Walter E. Fernald State School\*  
 Clinic for Backward Children\*  
 State Department Public Health  
 Cancer Clinic, (Lynn Hospital)\*  
 Genito Urinary (Lynn Hospital)\*

Dentists

Mass State Dental Society\*  
 North Shore District

Funds

Board of Trust Fund Commission-  
 ers.  
 Infantile Paralysis Fund  
 Mass. Tuberculosis League  
 Essex County Health Association\*  
 Christmas Seals

Hospitals

Board of Public Welfare  
 City Hospital  
 Board of Health  
 Contagious Hospital  
 Disabled Veterans Hospital  
 Service  
 Essex County Sanatorium  
 Florence Crittenton Hope Ctg.\*  
 North Shoe Babies Hospital  
 Salem Hospital  
 State Department of Mental  
 Health  
 Bridgewater State (Criminal Ins)\*  
 Danvers State Hospital\*

\* Out of town organization



# CHART A. HEALTH

## Clinics, Continued

Salem Association for the Prevention of Tuberculosis  
Diagnostic Clinic  
Tuberculosis Clinic  
Salem Hospital Clinic  
Crippled Children  
Dietary  
Massage  
Medical & Surgical  
Orthopedic  
First Aid  
State Department of Mental Health  
Division of Mental Hygiene  
Adult Mental Hygiene  
Salem Child Guidance Clinic  
Walter E. Barnard State School  
Clinic for Backward Children  
State Department Public Health  
Cancer Clinic (Lynn Hospital)  
Genito Urinary (Lynn Hospital)

## Dentists

Mass State Dental Society  
North Shore District

## Funds

Board of Trust Fund Commission  
Infantile Paralysis Fund  
Mass. Tuberculosis League  
Mass. County Health Association  
Christmas Seals

## Hospitals

Board of Public Welfare  
City Hospital  
Board of Health  
Contagious Hospital  
Disabled Veterans Hospital  
Service  
Mass. County Sanatorium  
Florence Crittenton Home Ctg.  
North Shore Babies Hospital  
Salem Hospital  
State Department of Mental Health  
Bridgewater State (Criminal Ins.)  
Danvers State Hospital

\* Out of town organization

## Camps

Boy Scouts of America  
North Shore Council  
Camp Worsfold  
Boxford Camp  
(Operated by North Bennett Street Industrial School)  
Seamon's Orphan and Children's  
Friend Society Summer Day Camp  
Glenn Barton Camp (Diabetic Children)  
Day Camps  
Girl Scouts  
Camp Scout Haven  
Outdoor Camp  
Recreational Day Camp  
Y.M.C.A. Island Camp  
Mass. County Health Association  
Mass. County Health Camp  
Girl Scouts  
Camp of the Four Winds  
Camp-in-the Pines  
Camp Westmore  
Camp Wingershew  
N.E. Deaconess Association  
J.W. Wilbur Health Home  
Salem Association for Prevention of Tuberculosis  
Salem Fraternity  
Rowley Camp

## Clinics

Board of Health Clinics  
Chadwick Clinic (Operated by Mass. Sanatorium)  
Dental Clinic  
Solek Test (Diagnosis)  
Vaccination Clinic (Gallipoli)  
Danvers State Hospital Clinics  
Out-Patient (City Hall, Salem)  
Harvard Infantile Paralysis Commission  
Children's Hospital Out-Patient Dept.  
Infantile Paralysis Clinics  
Judge Baker Guidance Center  
Lacey Clinic  
Lydia E. Pinkham Baby Clinic  
N.E. Deaconess Hospital  
Cancer Clinic  
George Baker Clinic for Diabetics  
Gutter Clinic



## HEALTH, continued

Hospitals, continued

Monson State Hospital (Epileptics)\*  
 State Department of Public Health  
 Lakeville State Sanatorium\*  
 (Extra Pulmonary Tuberculosis)  
 North Reading State Sanatorium\*  
 (Childhood Type of Tuberculosis)  
 Pondville Hospital (Cancer)\*  
 Rutland State Hospital\*  
 (Adult Pulmonary)  
 State Department of Public Welfare\*  
 State Infirmary (Tewksbury)

Inpesction

## Board of Heath

Foods

Plumbing

Sanitary

Nursing

## Board of Health

Contagious Nurse

Infant Welfare Nurse

Community Health Association

Industrial Nurses

Metropolitan Insurance Co. Nurse

Salem Hospital

School of Nursing

Cooperative Service with

District Nursing

School Department

School Nurse

Women's Friend Society

District Nursing Committee

Physicians

Board of Public Welfare

City Physician

Mass. State Medical Society\*

Essex South Medical Society\*

School Department

School Physicians

\*Out of town organization

HEALTH, continued

Hospitals, continued

- Monson State Hospital (Epileptics)\*
- State Department of Public Health
- Lakeville State Sanatorium\*
- (Extra Pulmonary Tuberculosis)
- North Reading State Sanatorium\*
- (Childhood Type of Tuberculosis)
- Pondville Hospital (Cancer)\*
- Rutland State Hospital\*
- (Adult Pulmonary)
- State Department of Public Welfare\*
- State Infirmary (Tewksbury)

Inspection

- Board of Health
- Food
- Plumbing
- Sanitary

Nursing

- Board of Health
- Contagious Nurse
- Infant Welfare Nurse
- Community Health Association
- Industrial Nurses
- Metropolitan Insurance Co. Nurse
- Salem Hospital
- School of Nursing
- Cooperative Service with
- District Nursing
- School Department
- School Nurse
- Women's Friend Society
- District Nursing Committee

Physicians

- Board of Public Welfare
- City Physician
- Mass. State Medical Society\*
- Essex South Medical Society\*
- School Department
- School Physicians

\*Out of town organization



## CHART 5 - INSURANCE

## Fraternal Organizations

Ancient Order of United Workmen

Christopher Columbus Society

New England Order of Protection

Polish Roman Catholic Union

Sons of Italy

Marco Polo Lodge

Romano Lodge

Sons of Poland

John Hancock Mutual Life Insurance Co.

Massachusetts, Commonwealth of,

State Industrial Accident Board\*

Metropolitan Life Insurance Co.

Salem Five Cents Savings Bank

Agent for Mass. Savings Bank Insurance

Social Security Board (Bureau of Old Age and  
Survivors Insurance)

\* Out of town organization

CHART 5 - - INSURANCE

- Prater's Organizations
- Ancient Order of United Workmen
- Christopher Columbus Society
- New England Order of Protection
- Polish Roman Catholic Union
- Sons of Italy
- White Polo Lodge
- Roman Lodge
- Sons of Poland
- John Hancock Mutual Life Insurance Co.
- Massachusetts, Commonwealth of
- State Industrial Accident Board\*
- Metropolitan Life Insurance Co.
- Salmon Five Cents Savings Bank
- Agent for Mass. Savings Bank Insurance
- Social Security Board (Bureau of Old Age and Survivors Insurance)

\* Out of town organization



## CHART 6 - LEGAL

## Court (Essex County)

First District Court

Probation Officers

Superior

Probation Officers

Probate

## Essex County Bar Association

## Jails (Essex County)

Salem Jail and House of Correction

Industrial Farm (Middleton)\*

## Legal Aid Society (Boston)\*

## Mass. Dept of Public Safety

Division of State Police

State Police Woman

## Police Department

## Salem Bar Association

## Salem Woman's Club

Legislative Committee

## Thought &amp; Work Club

Legislative Committee

## U. S. Immigration Service (Gloucester)\*

\* Out of town organization

# CHART 6 - LEGAL

U. S. Immigration Service (Glocester)\*  
 Legislative Committee  
 Thought & Work Club  
 Legislative Committee  
 Salem Women's Club  
 Salem Bar Association  
 Police Department  
 State Police Women  
 Division of State Police  
 Mass. Dept of Public Safety  
 Legal Aid Society (Boston)\*  
 Industrial Farm (Middleton)\*  
 Salem Jail and House of Correction  
 Jail (Essex County)  
 Essex County Bar Association  
 Probate  
 Probation Officers  
 Superior  
 Probation Officers  
 First District Court  
 Court (Essex County)



## CHART 7 - MERCANTILE &amp; INDUSTRIAL

Chamber of Commerce

Mercantile Division

Industrial Division

Employers' Association of Eastern Mass.

Labor Organizations

Central Labor Unions

State Department of Education

Division of the Blind \*

Morris Plan Company

Mutual Trust Company

Roger Conant Cooperative Bank

Salon Cooperative Bank

Salon Credit Bureau

Salon Five Cents Savings Bank

Salon Savings Bank

Household Finance Corporation

Personal Finance Company

St. Joseph's Credit Union

Salon Cooperative Consumer's Society

Salon Credit Union

State Loan Company, Inc.

\* Out of town organization

CHART 7 - MERCANTILE & INDUSTRIAL

Chamber of Commerce  
Mercantile Division  
Industrial Division

Employers' Association of Western Mass.

Labor Organizations  
Central Labor Union

State Department of Education  
Division of the Blind \*

\* Out of town organization



## CHART 8 - PERSONAL FINANCE

Essex County Acceptance Corporation \*

Home Owners' Loan Corporation \*

Industrial Bankers

Jewish Free Loan Society

Mass. Assn of Personal Finance Companies \*  
Social Service Division

Merchants' National Bank

Morris Plan Company

Naumkeag Trust Company

Roger Conant Cooperative Bank

Salem Cooperative Bank

Salem Credit Bureau

Salem Five Cents Savings Bank

Salem Savings Bank

Household Finance Corporation

Personal Finance Company

St. Joseph's Credit Union

Salem Cooperative Consumer's Society

Salem Credit Union

State Loan Company, Inc.

\* Out of town organization

CHART 5 - PERSONAL FINANCE

Essex County Acceptance Corporation \*

Home Owners' Loan Corporation \*

Industrial Bankers

Jewish Free Loan Society

Mass. Assn. of Personal Finance Companies \*  
Social Service Division

Merchants' National Bank

Morris Plan Company

Newkirk Trust Company

Proter Conant Cooperative Bank

Salem Cooperative Bank

Salem Credit Bureau

Salem Five Cents Savings Bank

Salem Savings Bank

Household Finance Corporation

Personal Finance Company

St. Joseph's Credit Union

Salem Cooperative Consumer's Society

Salem Credit Union

State Loan Company, Inc.

\* Out of town organization



## CHART 9 - RECREATIONAL

Aquarium Society

Catholic Youth Organization

Hebrew Educational and Community Center

Churches

Recreational Activities

Father Mathew Total Abstinence Society

Hadassah, Junior

Hadassah, Senior

Mass. Federation of Garden Clubs \*

Now and Then Association

Pickman Park Neighborhood Assn.

Quest for Beauty Club

St. Thomas Men's Catholic Club

Salem Garden Club

Salem Junior Women's Club

Salem Oratorio Society

Salem Park Department

Municipal Golf Course

Salem Women's Club

The Social Circle (for the blind)

Thought & Work Club

Young Men's Catholic Temperance Society

Young Men's Hebrew Association

\* Out of town organization

# CHART 3 - RECREATIONAL

Aquarian Society  
 Catholic Youth Organization  
 Hebrew Educational and Community Center  
 Churches  
 Recreational Activities  
 Father Matthew Total Abstinence Society  
 Habasah, Junior  
 Habasah, Senior  
 Mass. Federation of Garden Clubs \*  
 Now and Then Association  
 Pickman Park Neighborhood Assn.  
 Quest for Beauty Club  
 St. Thomas Men's Catholic Club  
 Salem Garden Club  
 Salem Junior Women's Club  
 SalemOratorio Society  
 Salem Park Department  
 Municipal Golf Course  
 Salem Women's Club  
 The Social Circle (for the blind)  
 Thought & Work Club  
 Young Men's Catholic Temperance Society  
 Young Men's Hebrew Association  
 \* Out of town organization



## CHART 10 - RELIGIOUS

## Churches (Protestant)

Calvary Baptist  
 Crombie Street (Congregational)  
 First Baptist  
 First Church (Unitarian)  
 First Church of Christ Scientist  
 First Spiritual Alliance  
 First Spiritual Temple  
 First Universalist  
 French Evangelical  
 Grace Church (Episcopal)  
 North Salem Community Church  
 Non-Denominational  
 St. Nicholas Russian Orthodox  
 St. Peter's Episcopal  
 Salem Gospel Mission  
 Salvation Army  
 Second Church (Unitarian)  
 Tabernacle (Congregational)  
 Wesley Methodist

## Churches (Catholic-Roman)

Immaculate Conception  
 St. Anne's  
 St. James  
 St. John the Baptist  
 St. Josephs  
 St. Mary's  
 St. Thomas the Apostle  
 St. John's Ukrainian

## Churches (Jewish)

Congregation Sons of Jacob  
 Mass. Christian Endeavor Union  
 Protestant Men's Club Executive Committee  
 Salem Minister's Association

Family Service & Relief, Cent.  
 Lafayette Street Methodist  
 Ladies Aid Society  
 St. Peter's  
 St. Margaret's Guild  
 Second Church  
 The Alliance  
 Work Committee  
 The Evening Alliance Social  
 Service Committee  
 Tabernacle (Congregational)  
 Women's Association  
 Social Relations Committee  
 Welfare Committee  
 Wesley Methodist  
 Social Service Committee

Churches, Roman Catholic  
 Guild's of St. Thomas  
 St. Thomas  
 St. Barbara's  
 Immaculate Conception  
 St. Mary's  
 St. Vincent de Paul Society  
 of Immaculate Conc. Parish  
 St. James' Parish  
 St. John The Baptist Parish  
 St. Joseph's Parish  
 St. Thomas Parish  
 Churches, Jewish  
 Cong. Sons of Jacob  
 Hebrew Ladies Aid Assoc.

First India Marine Society  
 Family Service Association  
 Fraternal Organizations  
 B'nai B'rith  
 Eastern Star  
 Elks' Benevolent Prot.  
 Knights of Columbus  
 Loyal Order of Moose  
 Mason  
 Essex Lodge  
 Starr King Lodge  
 Odd Fellows  
 Essex Lodge  
 Fraternity Lodge  
 Salem Temple Club

\* Out of town organization

## CHART 10 - RELIGIOUS

Churches (Protestant)  
 Calvary Baptist  
 Crombie Street (Congregational)  
 First Baptist  
 First Church (Unitarian)  
 First Church of Christ Scientist  
 First Spiritual Alliance  
 First Spiritual Temple  
 First Universalist  
 French Evangelical  
 Grace Church (Episcopal)  
 North Salem Community Church  
 Non-Denominational  
 St. Nicholas Russian Orthodox  
 St. Peter's Episcopal  
 Salem Gospel Mission  
 Salvation Army  
 Second Church (Unitarian)  
 Tabernacle (Congregational)  
 Wesley Methodist  
 Churches (Catholic-Roman)  
 Immaculate Conception  
 St. Anne's  
 St. James  
 St. John the Baptist  
 St. Joseph's  
 St. Mary's  
 St. Thomas the Apostle  
 St. John's Ukrainian  
 Churches (Jewish)  
 Congregation Sons of Jacob  
 Mass. Christian Endeavor Union  
 Protestant Men's Club Executive Committee  
 Salem Minister's Association



## CHART 11 - SOCIAL SERVICE

Community Service

## Clubs

Kiwanis Club  
 Com. on Under Priv. Chn.  
 Rotary Club  
 Christmas Work Com.  
 Community Service Com.  
 Salem Women's Club  
 American Home  
 Community Serv. Committee  
 Mothercraft Committee  
 Thought & Work Club  
 Comm. Service Committee  
 Comm. on Mothercraft  
 Volunteer Service Comm.  
 Daughters of the American Revolution  
 Col. Timothy Pickering Chapter  
 Committees  
 Conservation & Thrift  
 Ellis Island  
 Girl Home Makers  
 Manual for Citizenship  
 Student Loan Fund

National Civic League, Mass. Branch  
 Dept. of Infirmaries \*  
Family Service & Relief

## American Red Cross

Salem Chapter  
 Home Service

## Board of Commissioners of Trust Funds

## Board of Public Welfare

Aid to Dependent Children  
 Old Age Assistance  
 Outside Relief

## Catholic Charities Centre

## Churches (Protestant)

Crombie St. (Cong.) Women's Assoc.  
 First Baptist Women's Society  
 First Church (Unitarian)  
 The Alliance  
 Social Service Committee  
 First Universalist  
 Mission Circle  
 Women's Association

## Grace Church

Social Service Committee  
 Women's Auxiliary

Family Service & Relief, Cont.

Lafayette Street Methodist  
 Ladies Aid Society  
 St. Peter's  
 St. Margaret's Guild  
 Second Church  
 The Alliance  
 Work Committee  
 The Evening Alliance Social  
 Service Committee  
 Tabernacle (Congregational)  
 Women's Association  
 Social Relations Committee  
 Welfare Committee  
 Wesley Methodist  
 Social Service Committee

Churches, Roman Catholic

Guild's of St. Thomas  
 St. Thomas  
 St. Barbara's  
 Immaculate Conception  
 St. Mary's  
 St. Vincent de Paul Society  
 of Immaculate Conc. Parish  
 St. James' Parish  
 St. John The Baptist Parish  
 St. Joseph's Parish  
 St. Thomas Parish

Churches, Jewish

Cong. Sons of Jacob  
 Hebrew Ladies Aid Assoc.

## East India Marine Society

## Family Service Association

## Fraternal Organizations

B'nai Brith  
 Eastern Star  
 Elk's Benevolent Prot.  
 Knights of Columbus  
 Loyal Order of Moose  
 Mason  
 Essex Lodge  
 Starr King Lodge  
 Odd Fellows  
 Essex Lodge  
 Fraternity Lodge  
 Salem Temple Club

\* Out of town organization



# CHART II - SOCIAL SERVICE

Family Service & Relief, Cont.  
 Lafayette Street Methodist  
 Ladies Aid Society  
 St. Peter's  
 St. Margaret's Guild  
 Second Church  
 The Alliance  
 Work Committee  
 The Evening Alliance Social  
 Services Committee  
 Tabernacle (Congregational)  
 Women's Association  
 Social Relations Committee  
 Welfare Committee  
 Wesley Methodist  
 Social Service Committee  
 Churches, Roman Catholic  
 Guilds of St. Thomas  
 St. Thomas  
 St. Barbara's  
 Immaculate Conception  
 St. Mary's  
 St. Vincent de Paul Society  
 of Immaculate Conception  
 St. James' Parish  
 St. John the Baptist Parish  
 St. Joseph's Parish  
 St. Thomas Parish  
 Churches, Jewish  
 Cong. Sons of Jacob  
 Hebrew Ladies Aid Assoc.  
 East India Marine Society  
 Family Service Association  
 Fraternal Organizations  
 B'nai B'rith  
 Eastern Star  
 Elks' Benevolent Prot.  
 Knights of Columbus  
 Loyal Order of Moose  
 Mason  
 Essex Lodge  
 Star King Lodge  
 Odd Fellows  
 Essex Lodge  
 Fraternity Lodge  
 Salem Temple Club

Community Service  
 Kiwanis Club  
 Com. on Under Priv. Chn.  
 Rotary Club  
 Christmas Work Com.  
 Community Service Coy.  
 Salem Women's Club  
 American Home  
 Community Serv. Committee  
 Mothercraft Committee  
 Thought & Work Club  
 Comm. Service Committee  
 Comm. on Mothercraft  
 Volunteer Service Com.  
 Daughters of the American Revolution  
 Col. Timothy Pickens Chapter  
 Committees  
 Conservation & Thrift  
 Ellis Island  
 Girl Home Makers  
 Manual for Citizenship  
 Student Loan Fund  
 National Civic League, Mass. Branch  
 Dept. of Information  
 Family Service & Relief  
 American Red Cross  
 Salem Chapter  
 Home Service  
 Board of Commissioners of Trust Funds  
 Board of Public Welfare  
 Aid to Dependent Children  
 Old Age Assistance  
 Outside Relief  
 Catholic Charities Centre  
 Churches (Protestant)  
 Crombie St. (Cong.) Women's Assoc.  
 First Baptist Women's Society  
 First Church (Unitarian)  
 The Alliance  
 Social Service Committee  
 First Universalist  
 Mission Circle  
 Women's Association  
 Grace Church  
 Social Service Committee  
 Women's Auxiliary

\* Out of town organization



## SOCIAL SERVICE, continued

Mass. Society Prevention  
 Cruelty to Children  
     North Shore District  
 Morgan Memorial Coop. Ind. & Stores  
     Morgan Memorial  
 North Shore Babies Hospital  
     Thrift Shop  
 Patriotic Organizations  
     American Legion  
         Child Welfare Committee  
         Relief Committee  
         Disabled Veterans of World War  
 Grand Army of the Republic  
     Women's Relief Corps  
         Relief Committee  
 Salem Y. D. Club  
 Spanish War Veterans  
 Veterans of Foreign Wars  
 Salem Animal Rescue League  
 Salem Female Charitable Society  
 Salem Firemen's Relief Association  
 Salem Protestant Ladies Association  
 Salvation Army  
 Samaritan Society of Salem  
 Sanders Fund  
 Seamen's Widow and Orphan Association  
 State Department of Education  
     Division of the Blind  
 State Department of Public Welfare  
     Division of Aid and Relief  
         Aid to Dependent Children  
         Old Age Assistance  
         Settlements  
         Social Service  
 United Polish Organization  
 Women's Friend Society  
     "Bureau Mission"  
 Young Women's Association  
 Travelers Aid Society

Group Work

Boy Scouts of America  
     North Shore Council  
         Salem District Committee  
         Sea Scouts Division  
 Girl Scouts, Inc.  
     Mass Girl Scouts  
     Salem Council  
 House of Seven Gables

Group Work, continued

Salem Fraternity  
 Salem Park Department  
     Playgrounds  
 Salem Recreation Planning Committee  
 Women's Friend Society  
 Young Men's Christian Association  
 Young Women's Association

Institutional and Foster Care

Bertram Home for Aged Men  
 Bethany Union for Young Women  
 City Home

Fraternal Organizations

Eastern Star Home (Orange, Mass.)\*  
 Elks  
 The Elks Home (Charlestown, W. Va.)\*  
 Loyal Order of Moose  
     Mooseheart (Illinois)\*  
     Moosehaven (Florida)\*  
 Masons  
     Masonic Home (Charlton, Mass.)\*  
 Odd Fellows  
     Odd Fellows Home of Mass.  
         (Worcester)\*  
 House of the Angel Guardian\*  
 Mass. Assn. for Promoting the  
     Interests of Adult Blind\*  
 Woolson House\*  
 Rogers House\*  
 N.E. Home for Deaf Mutes\*  
 N.E. Home for Little Wanderers\*  
 Old Ladies Home  
 Putnam Home, Inc. (Danvers)\*  
 Seamen's Orphan & Children's  
     Friendly Society  
 State Dept. of Correction\*  
     Women's Reformatory (Sherborn)\*  
 State Dept. of Public Health  
     Div. of Child Guardianship\*  
     State Infirmary (Tewksbury)\*

\* Out of town organizations



## SOCIAL SERVICE, continued

Group Work, continued  
Salem Fraternity  
Salem Park Department  
Payson's  
Salem Recreation Planning Committee  
Women's Friend Society  
Young Men's Christian Association  
Young Women's Association

Institutional and Foster Care

Bethany Home for Aged Men  
Bethany Union for Young Women  
City Home  
Foster's Organizations  
Eastern Star Home (Orange, Mass.)\*  
Eli's  
The Eli's Home (Charlestown, W. Va.)\*  
Loyal Order of Moose  
Mooshearts (Illinois)\*  
Mooshearts (Florida)\*  
Mason's  
Masonic Home (Charlton, Mass.)\*  
Old Fellows  
Old Fellows Home of Mass.  
(Worcester)\*  
Home of the Angel Guardian\*  
Mass. Assn. for Promoting the  
Interests of Adult Blind\*  
Woolson House\*  
Rogers House\*  
N.E. Home for Deaf Mutes\*  
N.E. Home for Little Wanderers\*  
Old Ladies Home  
Putnam Home, Inc. (Denver)\*  
Seamen's Orphan & Children's  
Friendly Society  
State Dept. of Correction\*  
Women's Reformatory (Sharborn)\*  
State Dept. of Public Health  
Div. of Child Guardianship\*  
State Infirmary (Tewksbury)\*

Mass. Society for Prevention  
Crusade to Children  
North Shore District  
Morgan Memorial Hosp. Ind. & Stores  
Morgan Memorial  
North Shore Babies Hospital  
Thrill's Shop  
Patriotic Organizations  
American Legion  
Child Welfare Committee  
Relief Committee  
Disabled Veterans of World War  
Grand Army of the Republic  
Women's Relief Corps  
Relief Committee  
Salem Y. B. Club  
Spanish War Veterans  
Veterans of Foreign Wars  
Salem Animal Rescue League  
Salem Female Charitable Society  
Salem Women's Relief Association  
Salem Protestant Ladies Association  
Salvation Army  
Samaritan Society of Salem  
Sander's Fund  
Seamen's Widow and Orphan Association  
State Department of Education  
Division of the Blind  
State Department of Public Welfare  
Division of Aid and Relief  
Aid to Dependent Children  
Old Age Assistance  
Settlements  
Social Service  
United Polish Organization  
Women's Friend Society  
"Bureau Mission"  
Young Women's Association  
Travelers Aid Society

Group Work

Boy Scouts of America  
North Shore Council  
Salem District Committee  
Sea Scouts Division  
Girl Scouts, Inc.  
Mass Girl Scouts  
Salem Council  
House of Seven Ladies



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